

www.mass.gov/abcc

LICENSE NUMBER: 052000003		CITY OR TOWN	HAVERHILL
APPLICATION FOR RENEWAL:	Annual	LICE	NSED FOR 2013
	CLASS		YEAR
LICENSEE NAME: CEDARDALE IN DOING BUSINESS A ADDRESS 931 BOSTON RD.	NC.		
CITY/TOWN: HAVERHILL	STATE: MA	ZIP CODE:	01830
, , , , , , , , , , , , , , , , , , , ,	YPE OF LICENSE: R	estaurant (	CATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR DESCRIPTION OF LICENSED PREM	WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
MULTI LEVEL METAL BLDG,ONE I ON MAIN LEVEL AND SPLIT LEVE UPPER FLOOR,REST ROOM AND L UTILITIES,PORTABLE BAR FOR SE	L ,LOUNGE AND F OCKERS ON MAIN	UNCTION ROOM ( LEVEL. LOWER L	ON MAIN AND
I hereby certify and swear under penalti-	es of perjury that:		
1. the renewed license will be o	of the same type for the	e same premises nov	w licensed;
2. the licensee has complied wi		•	to taxes; and
3. the premises are now open for	or business (If not exp	olain below)	
SIGNED BY Individual, Partn	er or Authorized Corp	oorate Officer	
DATE: TELEPHO	NE NUMBER:		ER IDENTIFICATION NUMBER:
We the undersigned, attest that we as Acts of 2004, signed by the building i named license and (2) the certificate of 2010.	inspector and the hea	ad of the fire depar	tment for the above
Please Check Below:		LOCAL LICEN	ISING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)			
DATE:		-	<del></del>
APPLICATION FOR RENEWAL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF NOVEMBER (	(M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 052000004	r	CITY OR TOWN HAVERHILL	
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: P. DiBurro	•		
ADDRESS 891-89 BOSTON RD			
CITY/TOWN: HAVERHILL	STATE: MA	ZIP CODE: 01835	
MANAGER: DIBURRO, ROBERT E.	TYPE OF LICENSE: Res	taurant CATEGORY: All Alcol	10l
EMAIL ADDRESS:			
PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOUR EM	1AIL ADDRESS	
DESCRIPTION OF LICENSED			
FUNCTION ROOMS, LOUNGE	AND KITCHEN ON FIRST OOM, 30X70 ADDITION WI	SIDE EXITS DINING ROOM,TWO FLOOR, CELLAR FOR STORAGE. LTH A NEW LOBBY, COATROOM,	
I hereby certify and swear under p	penalties of perjury that:		
1. the renewed license wi	ill be of the same type for the	same premises now licensed;	
2. the licensee has compl	ied with all laws of the Comm	nonwealth relating to taxes; and	
3. the premises are now of	open for business (If not expla	in below)	
SIGNED BY Individual,	, Partner or Authorized Corpor	rate Officer	
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBE	ER:
		(Note: NOT Individual Social Security Numb	ber)
Acts of 2004, signed by the buil	ding inspector and the head	e certificate required by Chapter 304 of t l of the fire department for the above rance required by Chapter 116 of the Ac	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
D A TIE			
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 052000008		CITY	Y OR TOWN	HAVERHII	LL
APPLICATION FO	R RENEWAL:	Annual	l	LICEN	SED FOR 20	13
		CLASS	S			YEAR
LICENSEE NAME:	SMITH'S TAVERN I	NC. OF HAV	/ERHILL			
DOING BUSINESS	$\mathbf{A}$					
ADDRESS 124- ES	SEX ST.					
CITY/TOWN: HA	VERHILL	STATE:	MA Z	ZIP CODE:	01830	
MANAGER: LAN ROE	NGLOIS, TYPE BERT F.	OF LICENS	E:General of premise	on CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER Y	OUR EMAIL AD	DRESS		
DESCRIPTION OF LICENSED PREMISES:						
ONE STORY BRICK BLDG,TWO FRONT ENTRANCES,ONE REAR EXIT,TWO ROOMS AND STORAGE ON STREET FLOOR. CELLAR FOR STORAGE						
I hereby certify and swear under penalties of perjury that:						
1. the renew	ved license will be of the	e same type fo	or the same	premises now	licensed;	
2. the licens	see has complied with all	l laws of the	Commonwe	ealth relating to	taxes; and	
3. the premi	ises are now open for bu	siness (If not	explain be	low)		
SIGNED BY			2	> cc*		
	Individual, Partner or	Authorized (	Corporate C	Officer		
DATE						
DATE:	TELEPHONE I	NUMBER:		EMPLOYER (Note: NOT Ind		ION NUMBER:
				(11010: <u>1101</u> IIII	ividuai 50ciai 50	ceurity (vanioer)
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.						
Please Check Below:			LO	CAL LICENS	ING AUTHO	ORITY
APPROVED:			By	:		
DISAPPROVED:						
(If disapproved expl	ain)					
DATE:						



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LICENSE NUME	BER: 052000009		CITY OR TOWN	HAVERHILL
APPLICATION F	FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAM DOING BUSINE ADDRESS 238-1		ERN CAFE, INC.		
CITY/TOWN: H	IAVERHILL	STATE: MA	ZIP CODE:	01830
MANAGER: R	USTANI, JONUS TYP	E OF LICENSE: R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION (	OF LICENSED PREMIS	ES:		
	OOD BUILDING,TWO VING AND TAP ROOM			
I hereby certify ar	nd swear under penalties	of perjury that:		
1. the ren	newed license will be of t	he same type for the	e same premises now	licensed;
2. the lice	ensee has complied with	all laws of the Con	nmonwealth relating t	o taxes; and
3. the pre	emises are now open for	business (If not exp	olain below)	
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer	
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, sig	ned by the building ins	pector and the he	ad of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved ex				
(II disupproved ex	.p)			
DATE:			-	
APPLICATION FOR RE	NEWAL MUST BE FILED BY LI	CENSEES DURING THE	MONTH OF NOVEMBER (M	1.G.L. Ch. 138 \$ 16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 052000011		CITY OR TOWN	HAVERHILL
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013
	E: CRESCENT YAC S A CRESCENT YA RRY ST. (REAR)			YEAR
CITY/TOWN: HA	AVERHILL	STATE: MA	ZIP CODE:	01830
MANAGER: JUS	SKO,ROBERT J TY	PE OF LICENSE: R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS	S:  PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
ADDING AN ARI	F LICENSED PREMI EA OF 30 X 90 IN TH JILDING ALONG TH	IE FRONT ALONO	G THE RIVER AND (	58 X 45 ON THE
<ol> <li>the rene</li> <li>the licer</li> </ol>	I swear under penalties wed license will be of usee has complied with unises are now open for	the same type for the all laws of the Cor	nmonwealth relating t	
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer	
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, sign	ed by the building in	spector and the he	ad of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	]    lain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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LICENSE NUMBER: 052000012		CITY OR TOWN	HAVERHILL
APPLICATION FOR RENEWAL:	Annual	LICEN	NSED FOR 2013
	CLASS		YEAR
LICENSEE NAME: HAVERHILL GO DOING BUSINESS A ADDRESS BRICKETT LANE	LF AND COUNTR'	Y CLUB INC.	
CITY/TOWN: HAVERHILL	STATE: MA	ZIP CODE:	01830
MANAGER: BADDOUR, SHAE TYNN.			CATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMI	SES:		
THREE STORY STUCCO BLDG,FOUR ROOM,DINING ROOM,KITCHEN,SER AND STORE ROOM AND 19TH HOLE ROOM,BANQUET KITCHEN. THIRD ROOM AND THE GROUNDS OF THE	RVICE BAR, MENS EBAR. SECOND FI FLR;OFFICE,TWO	LOCKER ROOM, LR;LOUNGE,BAR,	CARD ROOM SHOP BALL ROOM,COAT
I hereby certify and swear under penalties	s of perjury that:		
1. the renewed license will be of	the same type for th	e same premises nov	v licensed;
<ul><li>2. the licensee has complied with</li><li>3. the premises are now open for</li></ul>		_	to taxes; and
SIGNED BY Individual, Partner	or Authorized Corp	orate Officer	
DATE: TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the hea	d of the fire depart	tment for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICEN By:	SING AUTHORITY
DATE:			



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LICENSE NUM	BER: 052000013		CITY OR TO	WN HAVERH	ILL
APPLICATION	FOR RENEWAL:	Annua	LIC	CENSED FOR 2	013
		CLASS	S		YEAR
LICENSEE NAM	ME: GARRISON GO	LF CENTER INC			
DOING BUSINE	ESS A				
ADDRESS 654 I	HILLDALE AVE.				
CITY/TOWN:	HAVERHILL	STATE:	MA ZIP CODE	E: 01832	
	MURPHY, T EDWARD J.	YPE OF LICENS	E: Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRE	SS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER Y	OUR EMAIL ADDRESS		
	OF LICENSED PREM				
	NTRANCE,TWO SIDI DING, NO CELLAR	E ENTRANCES A	AND ONE REAR EX	KIT,ONE STORY	Y WOOD
I hereby certify a	nd swear under penalti	es of perjury that:			
1. the re	newed license will be	of the same type for	or the same premises	now licensed;	
2. the lic	censee has complied wi	ith all laws of the	Commonwealth relat	ing to taxes; and	
3. the pr	remises are now open for	or business (If not	explain below)		
SIGNED BY	Individual Domin	ner or Authorized	Composite Officer		
	marviduai, Parui	er or Aumorized	Corporate Officer		
DATE:			EMDL	OYER IDENTIFICA	TION NI IMPER.
DATE.	TELEPHO	ONE NUMBER:		$\overline{\mathbf{T}}$ Individual Social $\mathbf{S}$	
					,
Acts of 2004, sig	gned, attest that we a gned by the building i and (2) the certificate	inspector and the	head of the fire dep	partment for the	e above
Please Check Below:	<u>:</u>		LOCAL LIC	CENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED					
(If disapproved e	explain)		-		
DATE:					



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LICENSE NUMBER: 052000015		CITY OR TOWN HAV	ERHILL
APPLICATION FOR RENEWAL:	Annual	LICENSED F	OR 2013
	CLASS		YEAR
LICENSEE NAME: LORRAINE P	OST. BUILDING ASSO	C., INC.	
DOING BUSINESS A LORRAINE	POST 29 VFW		
ADDRESS 64 KENOZA AVE.			
CITY/TOWN: HAVERHILL	STATE: MA	ZIP CODE: 0183	30
MANAGER: MCCARRON, PETER	TYPE OF LICENSE: Vet	cerans club CATEGO	ORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	<u></u>
DESCRIPTION OF LICENSED PRI			
TWO STORY BLDG,ONE FRONT ROOMS,EQUIPMENT ROOM ON LAND CLASSIFIED AS CHARITY BRICK INTERIOR AND TAR/GRA FRONT OF AND BOTH SIDES	THIRD FLOOR. CELLA WITH A TWO STORY	R FOR STORAGE -0.166 BUILDING BUILT IN 189	ACRES OF 00 HAVING
I hereby certify and swear under pena	alties of perjury that:		
1. the renewed license will b	e of the same type for the	same premises now license	ed;
2. the licensee has complied		=	and
3. the premises are now open	n for business (If not expla	ain below)	
SIGNED BY Individual, Pa	artner or Authorized Corpo	orate Officer	
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENT (Note: NOT Individual S	IFICATION NUMBER: Social Security Number)
We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certifica of 2010.	ng inspector and the head	l of the fire department fo	or the above
Please Check Below:		LOCAL LICENSING A	UTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapproved explain)			
			<del>_</del>
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 052000016		CIT	Y OR TOWN	HAVERHII	LL
APPLICATION FO	R RENEWAL:	Annu	al	LICEN	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS	ADEE, INC. A PEDDLER'S DAU	GHTER/HE	EL & TOE			
ADDRESS 8 KNIPI	E RD.					
CITY/TOWN: HA	VERHILL	STATE:	MA Z	ZIP CODE:	01830	
	PADOPOULOS,TYPE RIENNE D	E OF LICEN	SE:Restaura	nt Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER	YOUR EMAIL AI	DDRESS		1
	LICENSED PREMISE					
	DEN BLDG,MAIN EN OUNGE AND KITCH					
I hereby certify and	swear under penalties o	of perjury tha	t:			
	ved license will be of th	• •		•		
	see has complied with a			•	o taxes; and	
3. the premi	ises are now open for b	usiness (If no	ot explain be	low)		
SIGNED BY	Individual, Partner o	or Authorized	l Corporate (	Officer		
DATE:	TELEPHONE	NUMBER:		EMPLOYER	RIDENTIFICAT	ION NUMBER:
				(Note: NOT Ind	lividual Social So	ecurity Number)
Acts of 2004, signe	ed, attest that we are ind by the building insp (2) the certificate of li	ector and th	ne head of th	ne fire departı	ment for the	above
Please Check Below:			LC	CAL LICENS	SING AUTHO	ORITY
APPROVED:			Ву	:		
DISAPPROVED: [ (If disapproved expl.)	ain)		_			
-			_			
			_			
DATE:						



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LICENSE NUMBE	ER: 052000023		CITY OR TOWN HAV	ERHILL
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAME	E: ZEFTA & TAL	EB, INC.		
DOING BUSINES	S A MARIA'S FAI	MILY RESTAURANT		
ADDRESS 008-10	LOCUST ST.			
CITY/TOWN: HA	AVERHILL	STATE: MA	ZIP CODE: 0183	0
MANAGER: ZEI	FTA, KAMAL 7	ΓΥΡΕ OF LICENSE: Re	staurant CATEGO	ORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF				
		ANCES AND 2 EXITS CELLAR FOR STORA	S, RESTAURANT ON GRO AGE	UND FLOOR,
I hereby certify and	l swear under penal	ties of perjury that:		
1. the rene	wed license will be	of the same type for the	same premises now license	d;
2. the licer	nsee has complied w	with all laws of the Com	monwealth relating to taxes;	and
3. the pren	nises are now open	for business (If not expl	ain below)	
CICNED DV				
SIGNED BY	Individual, Part	ner or Authorized Corp	orate Officer	
DATE:	TELEPH(	ONE NUMBER:	EMPLOYER IDENTI	IFICATION NUMBER:
			(Note: NOT Individual S	ocial Security Number)
We the undersion	ed attest that we	are in nossession (1) th	e certificate required by C	hanter 304 of the
Acts of 2004, sign	ed by the building	inspector and the hea	d of the fire department fo	or the above
named license and of 2010.	d (2) the certificate	e of liquor liability insu	rance required by Chapte	er 116 of the Acts
Please Check Below:			LOCAL LICENSING	UTHODITY
APPROVED:	1		LOCAL LICENSING A By:	UTHORITY
DISAPPROVED:			Dy.	
(If disapproved exp	olain)			
DATE:				
	EWAL MIOTE SEE SWEET	NA LICENSEES SANSAGES	MONTH OF NOVEMBER 24.04. ~	120 0 164)
APPLICATION FOR REN	EWAL MUST BE FILED E	3Y LICENSEES DURING THE M	IONTH OF NOVEMBER (M.G.L. Ch.	158 \$ 16A)



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LICENSE NUMBER: 052000024		CITY OR TOWN HAVER	HILL
APPLICATION FOR RENEWAL:	: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: YEE ENTER  DOING BUSINESS A ORIENTA			
ADDRESS 400 LOWELL AVE	~~.~~		
CITY/TOWN: HAVERHILL	STATE: MA	ZIP CODE: 01830	
MANAGER: YEE, IVAN	TYPE OF LICENSE: Res	taurant CATEGORY	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VIST DESCRIPTION OF LICENSED P	T OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
ONE STORY CONCRETE BLOC DINING ROOM, COCKTAIL LO STREET FLOOR.			
I hereby certify and swear under pe	- · ·		
2. the licensee has complied	• •	same premises now licensed; nonwealth relating to taxes; and in below)	d
SIGNED BY Individual, I	Partner or Authorized Corpor	rate Officer	
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
We the undersigned, attest that a Acts of 2004, signed by the build named license and (2) the certific of 2010.	ling inspector and the head	of the fire department for the	he above
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUT By:	HORITY
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	052000026		CITY OR TOWN	IAVERHILL
APPLICATION FOR	RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NAME:	MR. MIKE'S REST	TAURANT & LOUN	IGE, INC.	
DOING BUSINESS A	1			
ADDRESS 1149 MAI	N ST			
CITY/TOWN: HAV	ERHILL	STATE: MA	ZIP CODE:	01830
MANAGER: DI FE	O, MICHAEL TYP	PE OF LICENSE: Res	staurant CAT	EGORY: All Alcohol
EMAIL ADDRESS:				
Pl	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF L				
	TAURANT,REAR	ENTRANCE TO LO	OUNGE & STORAG DUNGE, EMER- GEN RY, NO CELLAR.	
I hereby certify and sw	vear under penalties	of perjury that:		
1. the renewed	d license will be of t	the same type for the	same premises now lic	ensed;
	-		nonwealth relating to ta	axes; and
3. the premise	es are now open for	business (If not expla	ain below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:		ENTIFICATION NUMBER:
			(Note: NOT Individ	dual Social Security Number)
Acts of 2004, signed	by the building ins	pector and the head	e certificate required l of the fire department rance required by Ch	
Please Check Below:			LOCAL LICENSIN	G AUTHORITY
APPROVED:	_		By:	
DISAPPROVED:				
(If disapproved explain	11)			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052000027	CITY	OR TOWN HAVERHI	LL
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	)13
	CLASS		YEAR
LICENSEE NAME: WILBAR M. COMEAU PO	OST#4, AMERICA	N LEGION, INC.	
DOING BUSINESS A			
ADDRESS 1314 MAIN ST			
CITY/TOWN: HAVERHILL STA	ATE: MA ZI	IP CODE: 01830	
MANAGER: KAZAROSIAN, TYPE OF L JOHN	ICENSE: Club	CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMAIL ADD	DRESS	
DESCRIPTION OF LICENSED PREMISES:			
TWO STORY WOODEN BLDG,THREE FRON DOOR,TWO STAGE DOORS,TWO CELLAR D FLOOR,CELLAR FOR STORAGE			
I hereby certify and swear under penalties of perju	ry that:		
1. the renewed license will be of the same	• • • • • • • • • • • • • • • • • • • •		
2. the licensee has complied with all laws			
3. the premises are now open for business	(If not explain belo	ow)	
SIGNED BY Individual, Partner or Auth	orized Corporate Of	fficer	
DATE: TELEPHONE NUM		EMPLOYER IDENTIFICAT	
	(	(Note: NOT Individual Social S	ecurity Number)
We the undersigned, attest that we are in possed Acts of 2004, signed by the building inspector anamed license and (2) the certificate of liquor of 2010.	and the head of the	e fire department for the	above
Please Check Below:	LOC	CAL LICENSING AUTHO	ORITY
APPROVED:	By:		
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBI	ER: 052000030		CITY OR TOWN HAVER	HILL
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME	E: KALLONY INC	<b>C</b> .		
DOING BUSINES	SS A ROMA			
ADDRESS 023-35	MIDDLESEX ST			
CITY/TOWN: HA	AVERHILL	STATE: MA	ZIP CODE: 01830	
	AGINICOLAS, 7 EORGE	TYPE OF LICENSE: Rest	taurant CATEGOR'	Y: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION O	F LICENSED PRE	MISES:		
RESTAURANT SI ACCOMODATES		0 ON FIRST FLOOR. FU	UNCTION ROOM ON 2ND	FLOOR
I hereby certify and	d swear under penal	ties of perjury that:		
1. the rene	ewed license will be	of the same type for the s	same premises now licensed;	
2. the licer	nsee has complied v	with all laws of the Comm	onwealth relating to taxes; an	d
3. the pren	mises are now open	for business (If not explain	in below)	
SIGNED BY				
	Individual, Part	ner or Authorized Corpor	rate Officer	
DATE:			EMBLOVED IDENTIFIC	LATION NUMBER
DATE.	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Social	
Acts of 2004, sign	ned by the building	inspector and the head	certificate required by Cha of the fire department for t	he above
of 2010.	d (2) the certificate	of liquor liability insur	rance required by Chapter 1	116 of the Acts
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	plain)		-	
			-	
DATE:				



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LICENSE NUMBER:	052000031		CITY OR TO	WN HAVERHI	LL
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CRYSTAL LAKE G	OLF CLUB LLC			
DOING BUSINESS A	CRYSTAL LAKE	GOLF CLUB			
ADDRESS 940 NO. B	ROADWAY				
CITY/TOWN: HAVE	ERHILL	STATE: MA	ZIP COD	E: 01830	
MANAGER: MARC MICH		E OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF LI					
THREE STORY WOO ENTRANCE,ONE RE FOR STORAGE					LLAR
I hereby certify and sw	ear under penalties o	of perjury that:			
1. the renewed	d license will be of th	e same type for the	e same premises	now licensed;	
2. the licensee	has complied with a	all laws of the Com	monwealth relat	ing to taxes; and	
3. the premise	es are now open for b	usiness (If not exp	lain below)		
SIGNED BY	Individual, Partner o	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		OYER IDENTIFICAT	
			(Note. <u>No</u>	<u>T</u> Individual Social S	security Number)
We the undersigned, Acts of 2004, signed an amed license and (2 of 2010.	by the building insp	ector and the hea	d of the fire de	partment for the	above
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED: (If disapproved explain					
(ii disapproved explair	1)				
DATE:					



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LICENSE NUMBER: 052000034		CITY OR TOWN	HAVERHILL
APPLICATION FOR RENEWAL:	Annual	LICEN	NSED FOR 2013
	CLASS		YEAR
LICENSEE NAME: AMERICAN V	ETERANS OF HAVER	CHILL MA., INC.	
DOING BUSINESS A AMVETS			
ADDRESS 576 PRIMROSE ST			
CITY/TOWN: HAVERHILL	STATE: MA	ZIP CODE:	01830
MANAGER: Fisher, Irene	ΓΥΡΕ OF LICENSE: Vε	eterans club C	CATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR F	MAIL ADDRESS	
DESCRIPTION OF LICENSED PRE	MISES:		
FIRST FLOOR; LARGE DANCE HAROOM, STORAGE ROOM, TWO REHALL, STORAGE ROOM, SMALL	ST ROOMS, SMALL I	KITCHEN. SECON	
I hereby certify and swear under penal		ROOMS	
1. the renewed license will be		same premises nov	v licensed:
2. the licensee has complied v		=	
3. the premises are now open		_	to taxes, and
		,	
SIGNED BY			
	tner or Authorized Corp	orate Officer	
DATE: TELEPH	ONE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
		(Note: NOT In	dividual Social Security Number)
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the hea	d of the fire depart	tment for the above
Please Check Below:		LOCAL LICEN	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED:		By:	
<u> </u>		Ву:	
DISAPPROVED:		By: 	



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 05200	0038	CITY	Y OR TOWN HAVERH	ILL
APPLICATION FOR RENE	WAL: A	nnual	LICENSED FOR 2	2013
	Cl	LASS		YEAR
LICENSEE NAME: 99 RE	STAURANTS OF BOS	STON LLC		
DOING BUSINESS A THE	99 RESTAURANT			
ADDRESS 786 RIVER ST				
CITY/TOWN: HAVERHII	L STAT	E: <b>MA Z</b>	ZIP CODE: 01830	
MANAGER: LOCKE, RE	NEE L. TYPE OF LIC	ENSE: Restaura	nt CATEGORY:	: All Alcohol
EMAIL ADDRESS:				
PLEASE AI	LSO VISIT OUR WEBSITE AND EN	TER YOUR EMAIL AD	DDRESS	
DESCRIPTION OF LICENS				
ONE STORY BRICK & WO RUNS EAST WEST DIREC REAR DOOR FOR DELIVE BLDG	CTION. ONE MAIN EN	TRANCE/ EXI	T FACING RIVER STRE	ET. A
I hereby certify and swear un	nder penalties of perjury	that:		
	se will be of the same ty	•	•	
	•		ealth relating to taxes; and	
5. the premises are i	now open for business (I	i not explain be	iow)	
SIGNED BY				
	dual, Partner or Authori	zed Corporate (	Officer	
DATE:	TELEPHONE NUMBE	ER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
We the undersigned, attest Acts of 2004, signed by the named license and (2) the of 2010.	building inspector and	d the head of th	ne fire department for the	e above
Please Check Below:		LO	CAL LICENSING AUTH	IORITY
APPROVED:		Ву	:	
DISAPPROVED: (If disapproved explain)				
(11 disappioved expiaiii)				
		_		
DATE:				



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LICENSE NUMI	BER: 052000042		CITY OR TOWN	HAVERHILL
APPLICATION 1	FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAM	Æ: MURPHY GOLI	F MANAGEMENT INC	<b>C.</b>	
DOING BUSINE	ESS A BRADFORD C	OUNTRY CLUB		
ADDRESS 201	CHADWICK ROAD			
CITY/TOWN: I	HAVERHILL	STATE: MA	ZIP CODE:	01830
MANAGER: N	MURPHY,KEVIN T	YPE OF LICENSE: Res	taurant C	ATEGORY: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION (	OF LICENSED PREM	IISES:		
CLUB HOUSE C	CONSISTS OF 8,000 S	Q. FT. ON THREE FL	OORS, FIRST FLO	OOR: BELOW
		ID FLOOR: MAIN LEV		
		. & DECK. THIRD FLORE REAR OF CLUB HOL		
GOLF COURSE.		REAR OF CLUB HOU	SE., AND THE G	KOUNDS OF THE
I hereby certify a	nd swear under penalti	es of perjury that:		
1. the rea	newed license will be o	of the same type for the	same premises nov	licensed;
2. the lic	ensee has complied wi	th all laws of the Comm	nonwealth relating	to taxes; and
3. the pro	emises are now open for	or business (If not expla	in below)	
SIGNED BY				
SIGNED D1	Individual, Partn	er or Authorized Corpo	rate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
*** 41 1 .	1 44 441 4			11 (1) 4 204 64
		re in possession (1) the nspector and the head		red by Chapter 304 of the
				Chapter 116 of the Acts
of 2010.	,		1 0	•
Please Check Below:	<u>:</u>		LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED	):		,	
(If disapproved e	xplain)			
DATE:				



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LICENSE NUME	BER: 052000045		CITY OR TOWN HAVE	RHILL
APPLICATION F	FOR RENEWAL:	Annual	LICENSED FOR	₹ 2013
		CLASS		YEAR
LICENSEE NAM	IE: BRADFORD	SOCIAL & ATHLETIC C	CLUB INC.	
DOING BUSINE	SS A			
ADDRESS 187-8	9 SO. ELM ST			
CITY/TOWN: H	IAVERHILL	STATE: MA	ZIP CODE: 01835	
	OURNIER, ICHARD G.	TYPE OF LICENSE: Clu	b CATEGOR	Y: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	OF LICENSED PR			
ONE STORY WO		TTH TWO FRONT ENTR.	ANCES,ONE REAR EXIT,	ΓWO
I hereby certify ar	nd swear under per	nalties of perjury that:		
1. the ren	newed license will	be of the same type for the	same premises now licensed;	
2. the lice	ensee has complie	d with all laws of the Comn	nonwealth relating to taxes; a	nd
3. the pre	emises are now ope	en for business (If not expla	ain below)	
SIGNED BY				
	Individual, P	artner or Authorized Corpo	orate Officer	
D 4 575				
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Soc	
			(1 tote: 1401 maryidda 50c	iai security (vumber)
Acts of 2004, sig	ned by the buildi	ing inspector and the head	e certificate required by Cha I of the fire department for rance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	xpiaiii)			
			-	
DATE:			<del></del>	



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: U	32000046		CITY OR TO	IWN HAVERHI	ILL
APPLICATION FOR R	ENEWAL:	Annual	Ll	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: B	radford Commo	on and Square Corp			
DOING BUSINESS A	KELLEY'S RE	STAURANT			
ADDRESS 75 SO. MAI	N ST				
CITY/TOWN: HAVE	RHILL	STATE: M.	A ZIP COD	E: 01830	
MANAGER: Barrett, 1	David M. T	YPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF LIC	ENSED PREM	MISES:			
ONE STORY WOOD & RM. CELLAR FOR STO COOLER, RESTROOM	ORAGE IN AD	DITION, KITCHEN	N IN BACK OF B	LDG., WALK-IN	1
I hereby certify and swea	ar under penalti	ies of perjury that:			
1. the renewed l	license will be	of the same type for	the same premises	s now licensed;	
2. the licensee h	nas complied wi	ith all laws of the Co	mmonwealth rela	ting to taxes; and	
3. the premises	are now open f	or business (If not ex	xplain below)		
SIGNED BY	ndividual, Partn	ner or Authorized Co	rporate Officer		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICAT	
			(Note: <u>N(</u>	OT Individual Social S	Security Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building i	inspector and the h	ead of the fire de	partment for the	above
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					
DINIL.					



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	CITY OR TOWN	HAVERHILL
Annual	LICEN	NSED FOR 2013
CLASS		YEAR
DGE #165 B.P.O.E. O	F HAVERHILL	
STATE: MA	ZIP CODE:	01830
PE OF LICENSE: Clu	<b>o</b> C	CATEGORY: All Alcohol
VEBSITE AND ENTER YOUR EM	AIL ADDRESS	
SES:		
AND OFFICES. SEC	COND FLOOR;HA	ALL LODGE ROOM
s of perjury that:		
the same type for the	same premises nov	v licensed;
	_	to taxes; and
r business (If not expla	in below)	
r or Authorized Corpo	rate Officer	
NE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
	(Note: NOT In	dividual Social Security Number)
spector and the head	of the fire depart	tment for the above
	LOCAL LICEN	SING AUTHORITY
	By:	
	Annual CLASS DGE #165 B.P.O.E. O  STATE: MA  PE OF LICENSE: Club  VEBSITE AND ENTER YOUR EM SES: C SIDE AND REAR EX R AND OFFICES. SEC BALCONY, FOUR RO s of perjury that: If the same type for the shall laws of the Common business (If not explain the spector and the head	Annual CLASS  DGE #165 B.P.O.E. OF HAVERHILL  STATE: MA ZIP CODE:  PE OF LICENSE: Club CONTROL O



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APPLICATION FOR RENEWAL:  CLASS  LICENSEE NAME: TSARGE LLC	
	2013
LICENSEE NAME: TSARGE LLC	YEAR
DOING BUSINESS A TOMA'S ADDRESS 35 WASHINGTON ST	
CITY/TOWN: HAVERHILL STATE: MA ZIP CODE: 01832	
MANAGER: SARGENT, TOMA TYPE OF LICENSE: Restaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:	
ONE STORY BRICK BLDG,ONE FRONT ENTRANCE,ONE SIDE EXIT DINING ROOM KITCHEN ON STREET FLOOR, ADDITIONAL OUT DOOR DINING LOCATED ON TH WESTERLY SIDE OF THE BUILDING. CELLAR FOR STORAGE	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the same premises now licensed;	
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	l
3. the premises are now open for business (If not explain below)	
SIGNED BY	
Individual, Partner or Authorized Corporate Officer	
	ATION NITIMBED.
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICA	
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
TELEFHONE NUMBER.	Security Number) oter 304 of the ne above
We the undersigned, attest that we are in possession (1) the certificate required by Chap Acts of 2004, signed by the building inspector and the head of the fire department for th named license and (2) the certificate of liquor liability insurance required by Chapter 11	oter 304 of the ne above 16 of the Acts
We the undersigned, attest that we are in possession (1) the certificate required by Chap Acts of 2004, signed by the building inspector and the head of the fire department for th named license and (2) the certificate of liquor liability insurance required by Chapter 11 of 2010.	oter 304 of the ne above 16 of the Acts
We the undersigned, attest that we are in possession (1) the certificate required by Chap Acts of 2004, signed by the building inspector and the head of the fire department for the named license and (2) the certificate of liquor liability insurance required by Chapter 11 of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  By:	oter 304 of the ne above 16 of the Acts
We the undersigned, attest that we are in possession (1) the certificate required by Chap Acts of 2004, signed by the building inspector and the head of the fire department for th named license and (2) the certificate of liquor liability insurance required by Chapter 11 of 2010.  Please Check Below:  APPROVED:  By:	oter 304 of the ne above 16 of the Acts
We the undersigned, attest that we are in possession (1) the certificate required by Chap Acts of 2004, signed by the building inspector and the head of the fire department for the named license and (2) the certificate of liquor liability insurance required by Chapter 11 of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  By:	oter 304 of the ne above 16 of the Acts



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 052000054		CITY OR TOWN HAVE	RHILL
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NA	AME: BRES, INC.			
DOING BUSI	NESS A THE LASTIN	NG ROOM		
ADDRESS 12	2 WASHINGTON ST			
CITY/TOWN:	HAVERHILL	STATE: MA	ZIP CODE: 01830	
MANAGER:	WILLETT, RICHARD L.	TYPE OF LICENSE: Rea	staurant CATEGOR	XY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
-	N OF LICENSED PRE			
FLOOR STRE		X 1800 SQ FT CONSIST	EAR EXIT TO FIRE ESCAPE FING OF DINING AREA AN	
I hereby certify	and swear under pena	lties of perjury that:		
1. the	renewed license will be	e of the same type for the	same premises now licensed;	
	•		nonwealth relating to taxes; a	nd
3. the	premises are now open	for business (If not expl	ain below)	
SIGNED BY	Individual, Par	tner or Authorized Corpo	orate Officer	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFI	CATION NUMBER:
			(Note: NOT Individual Soc	rial Security Number)
Acts of 2004,	signed by the building	g inspector and the head	e certificate required by Ch d of the fire department for rance required by Chapter	the above
Please Check Belo			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappioved	CAPIGIII)			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0520	00056		CIT	Y OR TOW	N HAVERHI	LL
APPLICATION FOR RENI	EWAL:	Annu	ા	LICE	NSED FOR 20	)13
		CLAS	S			YEAR
LICENSEE NAME: NEW DOING BUSINESS A CHI ADDRESS	IT CHAT LOUNG	ĕΕ				
CITY/TOWN: HAVERHI	LL S	STATE:	MA	ZIP CODE:	01832	
MANAGER: DOHERTY DEBRA A.	, TYPE O	F LICENS	SE: General premise		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEASE A	ALSO VISIT OUR WEBSITE	E AND ENTER	YOUR EMAIL A	DDRESS		
DESCRIPTION OF LICEN						
FOUR STORY BRICK BLI ENTRANCE,ONE REAR E				FLOOR, ONE	E FRONT	
I hereby certify and swear u	nder penalties of p	erjury that	:			
<ol> <li>the renewed licer</li> <li>the licensee has a</li> <li>the premises are</li> </ol>	complied with all la	aws of the	Commonw	ealth relating		
SIGNED BY Indiv	ridual, Partner or A	authorized	Corporate	Officer		
DATE:	TELEPHONE NU	UMBER:			ER IDENTIFICAT	
We the undersigned, attes Acts of 2004, signed by th named license and (2) the of 2010.	e building inspect	or and th	e head of t	he fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LC By		NSING AUTHO	ORITY
DATE:			_			



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LICENSE NU	MBER: 052000063		CITY OR TO	OWN HAVERH	IILL
APPLICATIO	N FOR RENEWAL:	Annual	I	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE N	AME: RUSS-LYNI	N INC.			
DOING BUSI	NESS A R.G.'S PUI	3			
ADDRESS 24	12 1/2 WINTER ST				
CITY/TOWN	: HAVERHILL	STATE: MA	ZIP COI	DE: 01830	
MANAGER:	LITTLEFIELD, RUSSELL	TYPE OF LICENSE: G	General on remise	CATEGORY	: All Alcohol
EMAIL ADD	RESS:				
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTIO	N OF LICENSED P	REMISES:			
ONE STORY	WOODEN BLDG,T	WO FRONT ENTRANC	ES,ONE REAR	EXIT, 2500 SQ	FT
I hereby certif	y and swear under pe	enalties of perjury that:			
1. the	renewed license will	be of the same type for the	ne same premise	es now licensed;	
2. the	licensee has complie	ed with all laws of the Con	nmonwealth rela	ating to taxes; and	1
3. the	premises are now op	en for business (If not exp	plain below)		
SIGNED BY		Partner or Authorized Cor	porate Officer		
DATE:	TELE	PHONE NUMBER:		PLOYER IDENTIFICA	
Acts of 2004,	signed by the build	we are in possession (1) t ing inspector and the he cate of liquor liability ins	ad of the fire d	epartment for th	e above
Please Check Bel	low:		LOCAL L	ICENSING AUTH	HORITY
APPROVED:			By:		
DISAPPROV					
(If disapprove	d explain)				
DATE:					
APPLICATION FO	R RENEWAL MUST BE FILL	ED BY LICENSEES DURING THE	MONTH OF NOVEN		16A)
				,	,



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052000067		CITY OR TOWN	HAVERHII	LL
APPLICATION FOR RENEWAL	: Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: BRENT, JO	OSEPH P.			
DOING BUSINESS A JOE'S QU	ICK STOP			
ADDRESS 984 AMESBURY RD				
CITY/TOWN: HAVERHILL	STATE: MA	ZIP CODE:	01830	
MANAGER: BRENT, JOSEPH	TYPE OF LICENSE: Pac	ekage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		•
DESCRIPTION OF LICENSED F	PREMISES:			
FRONT ENTRANCE AND SIDE MAIN SALES AREA, REAR STO			CONSISTIN	G OF
=	ed with all laws of the Comr pen for business (If not explanation	_	o taxes; and	
SIGNED BY Individual,	Partner or Authorized Corpo	orate Officer		
DATE: TELE	EPHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J52000068		C.	ITY OR TO	WIN	пачекп	ILL
APPLICATION FOR	RENEWAL:	Annu	al	LI	CENS	ED FOR 2	013
		CLAS	SS				YEAR
LICENSEE NAME: DOING BUSINESS A		IVENIENCE					
ADDRESS 864 BROA	DWAY						
CITY/TOWN: HAVE	ERHILL	STATE:	MA	ZIP COD	E:	01830	
MANAGER: PATEI A.	L, RAMILA	ΓΥΡΕ OF LICEN	SE:Packa	ge Store	CA	TEGORY:	Wine and Malt Regular
EMAIL ADDRESS:							
		R WEBSITE AND ENTER	YOUR EMAII	ADDRESS			
DESCRIPTION OF LI TWO STORY WOOD REAR EXIT BACK O	EN BLDG, FIR	RST FLOOR STO		NT ENTRA	NCE (	ON BROA	DWAY,
2. the licensee 3. the premise SIGNED BY	l license will be has complied v s are now open	of the same type vith all laws of the for business (If no	for the san Common ot explain	wealth related			
	Individual, Part	ner or Authorized	Corporat	e Officer			
DATE:	TELEPH	ONE NUMBER:					TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]			LOCAL LIC	CENSI	NG AUTH	ORITY
DATE:							



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 052000069		CITY OR TOW	N HAVEKHI	LL
APPLICATION FO	OR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
	: BRADFORD CONVENIENTS A BRADFORD LIQUORS	NCE & LIQU	JORS, INC.		
	OUTH MAIN STREET				
		TE. MA	ZID CODE.	01925	
CITY/TOWN: HA			ZIP CODE:	01835	
MANAGER: RAI	PHAEL, JOSEPHTYPE OF L	CENSE: Pac	kage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS					
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EM	IAIL ADDRESS		
	FLICENSED PREMISES: LDING ENTRANCE ON 1ST	EID AT 50	DI EACANT STI	DEET DETAIL	CALEC
	PRAGE IN BASEMENT.	TLK AT 50	FLEASANI SII	XEET, KETAII	LISALES
<ol> <li>the renev</li> <li>the licen</li> </ol>	swear under penalties of perju wed license will be of the same see has complied with all laws isses are now open for business	type for the of the Comn	nonwealth relatin		
SIGNED BY	Individual, Partner or Author	orized Corpo	rate Officer		
DATE:	TELEPHONE NUMI	BER:		'ER IDENTIFICAT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: U	52000070		CITY OR TO	JWN I	1A VEKIL	LL
APPLICATION FOR R	ENEWAL:	Annual	L	ICENSE	ED FOR 20	)13
		CLASS				YEAR
LICENSEE NAME: K	AKNES ENTER	PRISES,INC.				
DOING BUSINESS A	K'S CITGO-RIC	HDALE STORE				
ADDRESS 297 LINCO	LN AVE.					
CITY/TOWN: HAVE	RHILL	STATE: MA	ZIP COD	E:	01830	
MANAGER: KAKNE	S, PAUL R. TY	PE OF LICENSE:P	ackage Store	САТ	EGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	EMAIL ADDRESS			
DESCRIPTION OF LIC						
ONE STORY WOODE STORAGE ROOM ON			E, ONE REAR	EXIT. M	IAIN STO	RE AND
3. the premises SIGNED BY	are now open for	n all laws of the Con r business (If not exp	olain below)	ating to t	axes; and	
DATE:	TELEPHON	NE NUMBER:				TION NUMBER: ecurity Number)
Please Check Below: APPROVED:			LOCAL LI	CENSIN	IG AUTHO	ORITY
DISAPPROVED:			Ву:			
(If disapproved explain)						
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:052000072		CITY OR TOV	VN HAVEKH	ILL
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	MEADOWL	AWN DAIRY STORE I	NC.		
DOING BUSINESS	A MEADOW	LAWN DAIRY			
ADDRESS 66 HILLI	DALE AVE				
CITY/TOWN: HAV	'ERHILL	STATE: MA	ZIP CODE	: 01830	
MANAGER: LIM,	CHONG	TYPE OF LICENSE:	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF I				TE DE LD EXT	
		SUILDING,ONE FRON' M ON STREET FLOOR		NE KEAR EXII	I, MAIN
I hereby certify and s	wear under per	nalties of perjury that:			
1. the renewe	ed license will	be of the same type for t	he same premises r	now licensed;	
2. the license	ee has complied	d with all laws of the Co	mmonwealth relati	ng to taxes; and	
3. the premis	ses are now ope	en for business (If not ex	plain below)		
SIGNED BY	Individual P	artner or Authorized Con	rnorate Officer		
	marviduai, r	artifer of Authorized Col	porate Officer		
DATE:	TELEF	NIONE NUMBER	EMPL C	YER IDENTIFICA	TION NUMBER:
211121	TELEF	PHONE NUMBER:		Individual Social	
Please Check Below: APPROVED:				ENSING AUTH	IORITY
DISAPPROVED:			By:		
(If disapproved expla	in)				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	52000073		CITY OR TOW	N HAVEKHI	ILL
APPLICATION FOR R	ENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: H DOING BUSINESS A					
ADDRESS 74 KENOZA	A AVE				
CITY/TOWN: HAVE	RHILL	STATE: MA	ZIP CODE:	01830	
MANAGER: HEBER	T,RANDY TYP	E OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF LIC	ENSED PREMIS	ES:			
TWO STORY WOOD I FRONT ENTRANCE O OF BUILDING. CELL.	N KENOZA AVE	E, SIDE ENTRANC			
I hereby certify and swea	ar under penalties	of perjury that:			
1. the renewed	license will be of the	he same type for the	e same premises no	w licensed;	
2. the licensee h	nas complied with	all laws of the Com	monwealth relating	g to taxes; and	
3. the premises	are now open for b	ousiness (If not exp	lain below)		
-					
SIGNED BY	ndividual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:		ER IDENTIFICAT	
			(Note: <u>NOT</u>	Individual Social S	Security Number)
Please Check Below: APPROVED:			LOCAL LICEN	NSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explain)					
DATE					
DATE:					



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	052000074		CITY OR TO	JWN HAVER	MILL
APPLICATION FOR	RENEWAL:	Annual	I	ICENSED FOR	2 2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 106 LAFA	YETTE SQUARE				
CITY/TOWN: HAVE	ERHILL	STATE: M	A ZIP COI	DE: 01830	
MANAGER: ESPIN	AL, JUAN TYPE	OF LICENSE:	Package Store	CATEGOR	Y: All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LITWO STORY CEMEING SERVICE DOOR. MASTORAGE ON SECO	NT BLDG, ONE FRO	S: ONT ENTRANC AR STORAGE	CE,ONE SIDE E ON STREET L		
3. the premise SIGNED BY	has complied with als are now open for bu	siness (If not ex	xplain below)	ating to taxes; ar	nd
DATE:	TELEPHONE	NUMBER:			CATION NUMBER: ial Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)		LOCAL LI By:	CENSING AUT	THORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	052000075		CITY OR TOV	VN HAVEKHI	ILL
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	_				
ADDRESS 239 LINC	OLN AVE.				
CITY/TOWN: HAV	ERHILL	STATE: MA	ZIP CODE	: 01830	
MANAGER: PATE	L, ANKIT H.	TYPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PRE	EMISES:			
UNIT CONSISTING REAR ENTRANCE/E	_	FT. WITH FRONT EN IVERIES.	NTRANCE EXIT	FOR PUBLIC U	JSE; ONE
2. the license	e has complied	e of the same type for the with all laws of the Corfor business (If not expected the control of	nmonwealth relati		
	Individual, Par	tner or Authorized Cor	porate Officer		
DATE:	TELEPH	IONE NUMBER:		OYER IDENTIFICAT ☐ Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICI	ENSING AUTH	ORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 052000076		CITY OR I	JWN HAV	VERHILL	
APPLICATION FO	R RENEWAL:	Annual	L	ICENSED F	FOR 2013	
		CLASS			YEAR	
LICENSEE NAME DOING BUSINESS		TERNATIONAL LTD ENCE STATION				
ADDRESS 105 WH	IITE STREET					
CITY/TOWN: HA	VERHILL	STATE: M	IA ZIP COI	DE: 018	30	
MANAGER: CHO SAF	OWDHURY, IAB U.	TYPE OF LICENSE	Package Store	CATEG	ORY: Wine and Malt Regular	
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS			
DESCRIPTION OF						
		JBLIC ENTRANCE/EX AIL SECTION AND S			ICES/EXITS,	
	ises are now ope	d with all laws of the Cen for business (If not e	explain below)	ating to taxe:	s; and	
DATE:	TELEF	PHONE NUMBER:			TIFICATION NUMBER: Social Security Number)	
Please Check Below:			LOCAL LI	CENSING A	AUTHORITY	
APPROVED:			By:			
DISAPPROVED: [If disapproved expl	ain)					
· · · · · · · · · · · · · · · · · · ·	·· -/					
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 052000077		CITY OR TOWN HAV	ERHILL
APPLICATION I	FOR RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAM	IE: SHAMROCK	HAVERHILL, INC		
DOING BUSINE	SS A SHAMROC	K LIKKERS		
ADDRESS 400 L	OWELL AVENU	Е		
CITY/TOWN: I	HAVERHILL	STATE: MA	ZIP CODE: 0183	80
	OMEAU, ICHARD A.	TYPE OF LICENSE: Pa	ackage Store CATEGO	ORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION (	OF LICENSED PR	EMISES:		
		UILDING,ONE FRONT AGE ON STREET FLOC	ENTRANCE AND ONE R PR	EAR EXIT,
<ol> <li>the rer</li> <li>the lice</li> </ol>	newed license will lensee has complied	· -	e same premises now license amonwealth relating to taxes lain below)	
SIGNED BY	Individual, Pa	artner or Authorized Corp	oorate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENT (Note: NOT Individual S	IFICATION NUMBER: Social Security Number)
Please Check Below: APPROVED:			LOCAL LICENSING A	UTHORITY
DISAPPROVED			By:	
(If disapproved ex	xplain)		-	
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: U	52000079		CITY OR I	OWN	ПАУЕКПІ	LL
APPLICATION FOR R	ENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: H DOING BUSINESS A		RKET				
ADDRESS 56 RIVER S	T					
CITY/TOWN: HAVE	RHILL	STATE: N	IA ZIP CO	DE:	01830	
MANAGER: SABRI,	HAKIM T	YPE OF LICENSE	Package Store	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR	WEBSITE AND ENTER YO	UR EMAIL ADDRESS			
DESCRIPTION OF LIC						
CONSISTING OF 2500 REAR ENTRANCES A		TAIL CONVENIE	NT FOOD STO	RE SPA	CE, FRONT	AND
3. the premises SIGNED BY	are now open f	or business (If not e	xplain below)	laung to	taxes; and	
DATE:	TELEPHO	ONE NUMBER:				ΓΙΟΝ NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL L By:	ICENS	ING AUTH	ORITY
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052000080		CITY OR TOWN HAVERH	IILL
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: QUALITY BR	AND LIQUOR INC.		
DOING BUSINESS A QUALITY B	RAND LIQUORS		
ADDRESS 185 S ELM ST			
CITY/TOWN: HAVERHILL	STATE: MA	ZIP CODE: 01830	
MANAGER: PATEL, VIPUL	TYPE OF LICENSE: Pac	kage Store CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PRE	EMISES:		
ONE STORY BUILDING ON GROU	UND FLOOR. CELLAR		
I hereby certify and swear under pena	lties of perjury that:		
1. the renewed license will be	e of the same type for the	same premises now licensed;	
2. the licensee has complied	with all laws of the Comr	nonwealth relating to taxes; and	
3. the premises are now open		<u> </u>	
	, 1	,	
CICNED DV			
SIGNED BY Individual, Par	rtner or Authorized Corpo	orate Officer	
1101.10001, 2 01	Corp.		
DATE:		EMPLOMED INDIVIDUAL	TION NUMBER
TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
		(110te. <u>1101</u> marviduai Sociai	Security Number)
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:052000082		CITY OR IC	OWN HAVERE	IILL
APPLICATION FOR	RENEWAL:	Annual	L	CENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	A RILEY'S COR				
ADDRESS 352 WAS					
CITY/TOWN: HAV	'ERHILL	STATE: MA	ZIP COD	E: 01830	
MANAGER: PATH JASH	EL, T IVANT	TYPE OF LICENSE:Pa	ckage Store	CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:					
Ī	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF I	LICENSED PRE	MISES:			
		F BLOCK BUILDING, ORAGE ROOMS ON S			IE REAR
2. the license	ee has complied v	of the same type for the vith all laws of the Com for business (If not expl	monwealth rela		I
	Individual, Part	ner or Authorized Corp	orate Officer		
DATE:	TELEPH	ONE NUMBER:		OYER IDENTIFICA  T Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LIG	CENSING AUTH	HORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052	2000083		CITY OR TO	IWN HAVEKH	ILL
APPLICATION FOR RE	NEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: HE DOING BUSINESS A C		ZA WINE & SPIRITS	S		
ADDRESS 2 WATER ST	Γ				
CITY/TOWN: HAVERI	HILL	STATE: MA	ZIP COD	E: 01830	
MANAGER: HEM, GA	RY TYF	PE OF LICENSE: Pac	kage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	E ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICE					
3300 TOTAL SQ FT, 172	28 SQ FT SALE	S AREA. FRONT A	ND REAR EX	ITS	
I hereby certify and swear	under penalties	of perjury that:			
1. the renewed lie	cense will be of	the same type for the	same premises	now licensed;	
2. the licensee ha	s complied with	all laws of the Comn	nonwealth rela	ting to taxes; and	
3. the premises a	re now open for	business (If not expla	in below)		
SIGNED BY					
	lividual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NUMBER:	EMPL	OYER IDENTIFICA	TION NUMBER:
	TEEEI HOIV	E I (CIVIDEI).	(Note: NO	<b><u>OT</u></b> Individual Social	Security Number)
Please Check Below: APPROVED:				CENSING AUTH	IORITY
DISAPPROVED:			By:		
(If disapproved explain)					
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

: 052000084		CITY OR TOWN	· IIII · EIGHEE	
RENEWAL:	Annual	LICE	NSED FOR 2013	
	CLASS		YEAR	
K.H.A.M. DA	VE, CORP			
A RICHDALE	CONVENIENCE STO	RE		
E STREET				
ERHILL	STATE: MA	ZIP CODE:	01830	
L, SANJAY	TYPE OF LICENSE:P	ackage Store	CATEGORY: All Alcoho	1
LEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
ICENSED PR	EMISES:			
		OF BLDG. SIDE EN	NTRANCE FOR	
es are now ope	n for business (If not ex	plain below)	to taxes; and	
Individual, Pa	irther or Authorized Cor	porate Officer		
TELEP	HONE NUMBER:			
in)		By:	ISING AUTHORITY	
	K.H.A.M. DAAA RICHDALE E STREET ERHILL EL, SANJAY PLEASE ALSO VISIT OF LICENSED PR DING MAIN EN MERGENCY EN wear under pen ed license will be has complied es are now ope	RENEWAL: Annual CLASS  K.H.A.M. DAVE, CORP A RICHDALE CONVENIENCE STORE E STREET ERHILL STATE: MA EL, SANJAY TYPE OF LICENSE: P PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR LICENSED PREMISES: DING MAIN ENTRANCE IN FRONT OF MERGENCY EXIT. Wear under penalties of perjury that: Ed license will be of the same type for the searce now open for business (If not expense).	RENEWAL: CLASS  K.H.A.M. DAVE, CORP A RICHDALE CONVENIENCE STORE E STREET  EENHILL STATE: MA ZIP CODE: EL, SANJAY TYPE OF LICENSE: Package Store  CLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS LICENSED PREMISES: DING MAIN ENTRANCE IN FRONT OF BLDG. SIDE ENTERGENCY EXIT.  Wear under penalties of perjury that: ed license will be of the same type for the same premises no be has complied with all laws of the Commonwealth relating es are now open for business (If not explain below)  Individual, Partner or Authorized Corporate Officer  TELEPHONE NUMBER:  EMPLOYING NOTE: NOTE IN STORY	CLASS YEAR  K.H.A.M. DAVE, CORP  A RICHDALE CONVENIENCE STORE  E STREET  ERHILL STATE: MA ZIP CODE: 01830  EL, SANJAY TYPE OF LICENSE: Package Store CATEGORY: All Alcoho  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  LICENSED PREMISES:  DING MAIN ENTRANCE IN FRONT OF BLDG. SIDE ENTRANCE FOR MERGENCY EXIT.  Wear under penalties of perjury that:  ed license will be of the same type for the same premises now licensed;  the has complied with all laws of the Commonwealth relating to taxes; and the same now open for business (If not explain below)  Individual, Partner or Authorized Corporate Officer



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J52000087		CITY OR TOW	N HAVEKHI	LL
APPLICATION FOR I	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: A DOING BUSINESS A ADDRESS 402 Amesb	Haverhill Getty oury Rd				
CITY/TOWN: HAVE	RHILL	STATE: MA	ZIP CODE:	01830	
MANAGER: Saini, S	Sohan TYPE	OF LICENSE: Pac	ekage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	EASE ALSO VISIT OUR WEBS		MAIL ADDRESS		
DESCRIPTION OF LI TWO ENTRANCES T IN BACK OFFICE IN AT BACK OF STORE	O SITE, ONE ENTR BCK. REGISTERS	ANCE & EXIT A		The second secon	
2. the licensee 3. the premises SIGNED BY	license will be of the has complied with all sare now open for bu	l laws of the Comr siness (If not expla	nonwealth relating		
	marviduar, i artiici oi	Authorized Corpe	nate Officer		
DATE:	TELEPHONE 1	NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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LICENSE NUMBER: 05	52000096		CITY OR TO	WN HAVERHI	LL
APPLICATION FOR R	ENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: C	EDARDALE, IN	C,			
DOING BUSINESS A	CEDARLAND O	UTING CENTER			
ADDRESS 888 BOSTO	ON ROAD				
CITY/TOWN: HAVE	RHILL	STATE: MA	ZIP CODI	E: 01830	
MANAGER: VEASE EDWIN		PE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF LIC					
93,600 SQ FT PF FENC ROOM,BAR,REST RO CELLAR FOR STORAG	OMS, OUTSIDE			the state of the s	
I hereby certify and swea	ar under penalties	of perjury that:			
1. the renewed l	icense will be of	the same type for the	e same premises	now licensed;	
2. the licensee h	as complied with	all laws of the Com	monwealth relat	ing to taxes; and	
3. the premises	are now open for	business (If not exp	lain below)		
SIGNED BY	ndividual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLO	OYER IDENTIFICAT	TION NUMBER:
			(Note: NO	T Individual Social S	Security Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	the building ins	spector and the hea	nd of the fire dep	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052000100		CITY OR TOWN	HAVERHILL
APPLICATION FOR RENEWAL	: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: ACADEMY	PLAZA TRUST, INC,		
DOING BUSINESS A ACADEM	Y LIQUORS		
ADDRESS 699 SOUTH MAIN ST	ΓREET		
CITY/TOWN: HAVERHILL	STATE: MA	ZIP CODE:	01830
MANAGER: ZUBER, WILLIAM	M TYPE OF LICENSE: Pa	ackage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED P	REMISES:		
ONE STORY CEMENT BLOCK BUILDING, REAR DOOR FOR E SALES AREA.			
3. the premises are now operation of the state of the sta	pen for business (If not exp	· · · · · · · · · · · · · · · · · · ·	
maividuai,	artifer of Authorized Corp	orate Officer	
DATE: TELE	PHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED:			ING AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



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LICENSE NUMBER: 052000103		CITY OR TOWN HAVE	RHILL
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	R 2013
	CLASS		YEAR
LICENSEE NAME: RYBO'S BISTRO INC DOING BUSINESS A KEONS 105 BISTR	<b>.</b>		
ADDRESS 105 WASHINGTON STREET			
CITY/TOWN: HAVERHILL	STATE: MA	ZIP CODE: 01832	
MANAGER: BOISVERT, ALAN TYPE J.	OF LICENSE: Re	staurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSI	ITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES			
4 STORY BRICK BLDG., RESTAURANT, FUNCTION ROOM, SAMLL STORAGE A WASHINGTON ST. TWO REAR EXITS B	REA ON LOWE		
I hereby certify and swear under penalties of	perjury that:		
1. the renewed license will be of the	same type for the	same premises now licensed;	
2. the licensee has complied with all	l laws of the Com	monwealth relating to taxes; as	nd
3. the premises are now open for bu	siness (If not expl	ain below)	
SIGNED BY Individual, Partner or	Authorized Corp	orate Officer	
DATE: TELEPHONE 1	NIIMRER:	EMPLOYER IDENTIFIC	CATION NUMBER:
TEELI HOIVE	WOWIDER.	(Note: NOT Individual Soc	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license 2010.	ctor and the hea	d of the fire department for	the above
Please Check Below:		LOCAL LICENSING AU	THORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		-	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 05	52000106		CITY OR TO	WN HAVERHI	ILL
APPLICATION FOR RI	ENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: ST	UPER JOE,INC	1 ••			
DOING BUSINESS A	NEW MOON G	JARDEN			
ADDRESS 701 SOUTH	MAIN ST				
CITY/TOWN: HAVER	HILL	STATE: MA	ZIP COD	E: 01835	
MANAGER: ZPU,ZH	E TUAN TY	YPE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LIC					
ONE STORY CEMENT KITCHEN AND TWO I			-		
ENTRANCE AND REA			ING AND SW	ALL BAR. FROM	IN I
I hereby certify and swea	-				
		of the same type for the	•		
	-	th all laws of the Comm		ang to taxes; and	
3. the premises	are now open to	or business (If not expla	in below)		
GIGNED DV					
SIGNED BY Ir	ndividual, Partne	er or Authorized Corpor	rate Officer		
DATE:	TELEPHO:	NE NUMBER:	EMPL	OYER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NO	T Individual Social S	Security Number)
We the undersigned, a	ttest that we ar	re in possession (1) the	certificate re	equired by Chant	ter 304 of the
Acts of 2004, signed by					
named license and (2) of 2010.	the certificate (	of liquor liability insur	rance require	d by Chapter 116	6 of the Acts
Please Check Below:			LOCALLIC	CENSING AUTH	ODITV
APPROVED:			By:	LINSING AUTH	ORITI
DISAPPROVED:			Dy.		
(If disapproved explain)					
DATE:					
DAIE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052000119		CITY OR TOWN	HAVERHILL
APPLICATION FOR RENEWAL	: Annual	LICENSI	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: CHARLES	ANTONOPOULOS		
DOING BUSINESS A CHARLIE	'S VARIETY		
ADDRESS 277 GROVELAND ST	Γ		
CITY/TOWN: HAVERHILL	STATE: MA	ZIP CODE:	01830
MANAGER:	TYPE OF LICENSE: P	ackage Store CA	ΓEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISI	IT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED P			
WOOD FRAME BLDG 40X60 W	TTH FRONT ENTRANCE	E AND REAR EXIT FO	OR DELIVERIES
I hereby certify and swear under po	enalties of perjury that:		
1. the renewed license wil	l be of the same type for th	ne same premises now li	censed;
2. the licensee has compli-	ed with all laws of the Con	nmonwealth relating to	taxes; and
3. the premises are now of	pen for business (If not exp	plain below)	
SIGNED BY	Doutnou ou Authorized Com	norsta Officer	
individual,	Partner or Authorized Corp	porate Officer	
DATE:	EDITONE NUMBER	EMDI OVED II	DENTIFICATION NUMBER:
TELE	EPHONE NUMBER:		idual Social Security Number)
Please Check Below:		LOCAL LICENSIN	NG AUTHORITY
APPROVED: DISAPPROVED:		By:	
(If disapproved explain)			
(			
DATE:			



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CITY OR TOWN HAVERHILL
LICENSED FOR 2013
YEAR
A ZIP CODE: 01830
Restaurant CATEGORY: All Alcohol
R EMAIL ADDRESS
IAIN ENTRANCE AND EXIT INTO
he same premises now licensed;
mmonwealth relating to taxes; and
plain below)
rporate Officer
porate Officer
rporate Officer
EMPLOYER IDENTIFICATION NUMBER:
EMPLOYER IDENTIFICATION NUMBER:
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the ead of the fire department for the above
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the ead of the fire department for the above surance required by Chapter 116 of the Acts
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the ead of the fire department for the above surance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the ead of the fire department for the above surance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the ead of the fire department for the above surance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 052000121		CITY OR TOWN	I HAVERHI	LL
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME DOING BUSINESS	: 103 MERRIMAC	K STREET, INC			
ADDRESS 103 ME	RRIMACK ST				
CITY/TOWN: HA	VERHILL	STATE: MA	ZIP CODE:	01830	
	RRETT, TY LINDA	PE OF LICENSE: Pa	ckage Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
	LICENSED PREMI				
	ETAIL SPACE, FRO		OR PUBLIC USE, F	REAR ENTRA	ANCE
2. the licens	wed license will be of see has complied with ises are now open for	h all laws of the Com	monwealth relating		
SIGNLD DT	Individual, Partne	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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	CITY OR TOWN HAVE	KHILL
L: Annual	LICENSED FOR	R 2013
CLASS		YEAR
CLUB OF HAVERHILL		
RIBALDI LIGURIA CLUB		
TREET		
STATE: MA	ZIP CODE: 01830	
Y TYPE OF LICENSE: CI	ub CATEGOR	Y: All Alcohol
SIT OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
ER LEVEL WITH BAR AR	EA LOWER LEVEL. BOOTH	IS, BAR
enalties of perjury that:		
ll be of the same type for the	e same premises now licensed;	
ied with all laws of the Com	monwealth relating to taxes; a	nd
ppen for business (If not exp	lain below)	
Partner or Authorized Corp	orate Officer	
EPHONE NUMBER:	EMPLOYER IDENTIFIC	
	(Note: NOT Individual Soc	ial Security Number)
ding inspector and the hea	d of the fire department for	the above
	LOCAL LICENSING AU	ГНОRITY
	By:	
	CLASS CLUB OF HAVERHILL RIBALDI LIGURIA CLUB STREET  STATE: MA  Y TYPE OF LICENSE: CI  SIT OUR WEBSITE AND ENTER YOUR E PREMISES: ER LEVEL WITH BAR ARD Denalties of perjury that: Ill be of the same type for the ied with all laws of the Com Open for business (If not expl  Partner or Authorized Corp  EPHONE NUMBER:  The we are in possession (1) the ding inspector and the hear	CLASS  CLUB OF HAVERHILL  RIBALDI LIGURIA CLUB  STREET  STATE: MA ZIP CODE: 01830  Y TYPE OF LICENSE: Club CATEGOR  SIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  PREMISES:  ER LEVEL WITH BAR AREA LOWER LEVEL. BOOTH  Denalties of perjury that:  Ill be of the same type for the same premises now licensed; ied with all laws of the Commonwealth relating to taxes; and open for business (If not explain below)  Partner or Authorized Corporate Officer  EPHONE NUMBER:  EMPLOYER IDENTIFIE (Note: NOT Individual Sociation in spector and the head of the fire department for ficate of liquor liability insurance required by Chapter  LOCAL LICENSING AUTORES



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LICENSE NUMBER: 052000131		CITY OR TOWN	N HAVERHI	LL
APPLICATION FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: BIG LEAGUE EI	NTERTAINMENT, IN	IC		
DOING BUSINESS A CHUNKY'S CIT	NEMA			
ADDRESS 371 LOWELL AVE				
CITY/TOWN: HAVERHILL	STATE: MA	ZIP CODE:	01830	
MANAGER: Cloutier, David TY	YPE OF LICENSE: Res	staurant (	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF LICENSED PREM	ISES:			
MAIN ENTRANCE AND EXIT IN TH AND 3 IN REAR OF BLDG, 3 ON TH KITCHEN, LOBBY AND 3 THEATER	E RIGHT AND 2 ON	THE FRONT; SEA	ATING IS FOR	R 450,
I hereby certify and swear under penaltic	es of perjury that:			
1. the renewed license will be o	of the same type for the	same premises no	w licensed;	
2. the licensee has complied with	th all laws of the Comm	nonwealth relating	to taxes; and	
3. the premises are now open for	or business (If not expla	ain below)		
SIGNED BY		O CC		
Individual, Partne	er or Authorized Corpo	orate Officer		
DATE: TELEPHO				Y0111111111111111111111111111111111111
TELEPHO.	NE NUMBER:		ER IDENTIFICAT ndividual Social S	
		•		, , ,
We the undersigned, attest that we an Acts of 2004, signed by the building is named license and (2) the certificate of 2010.	nspector and the head	l of the fire depar	tment for the	above
		LOCAL LICEN	ISING AUTHO	ODITV
Please Check Below:		LOCAL LICLI	OH (O IIC III)	JKIII
APPROVED:		By:		JKII I
APPROVED: DISAPPROVED:				JKII I
APPROVED:				ORII I
APPROVED: DISAPPROVED:				ORIT 1



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 052000146		CITY OR TOWN HA	VERHILL
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE N	AME: AMSTEL EN	TERPRISES, INC.		
DOING BUSI	NESS A THE PEDD	LERS DAUGHTER/BIST	RO 45	
ADDRESS 04	5-51 WINGATE ST			
CITY/TOWN	: HAVERHILL	STATE: MA	ZIP CODE: 01	830
MANAGER:	CONNEELY, MARGARET	TYPE OF LICENSE: Res	taurant CATE	GORY: All Alcohol
EMAIL ADDI	RESS:			
		OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	N OF LICENSED PR			
FIRST FLOOD		RESTAURANT ON TWO	LEVELS, SUB STREET	LEVEL AND
SIGNED BY		en for business (If not expla		
DATE.				
DATE:	TELEF	PHONE NUMBER:		NTIFICATION NUMBER: al Social Security Number)
Acts of 2004,	signed by the buildi	ve are in possession (1) the ng inspector and the head ate of liquor liability insu	certificate required by of the fire department	y Chapter 304 of the for the above
Please Check Bel			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVI (If disapprove				
(== alsappiovo				
DATE:				



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LICENSE NU	MBER: 052000148		CITY OR TOWN	HAVERHILI	
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 201	3
		CLASS		Y	EAR
LICENSEE NA	AME: OLYMPIA SOC	TAL CLUB, INC.			
DOING BUSI	NESS A OLYMPIA SO	CIAL CLUB,INC.			
ADDRESS 59	ORCHARD SOCIAL C	LUB,INC.			
CITY/TOWN:	HAVERHILL	STATE: MA	ZIP CODE:	01830	
MANAGER:	GIOLDASIS, T DIMITRIOS	YPE OF LICENSE: C	llub C.	ATEGORY: A	All Alcohol
EMAIL ADDI	RESS:				
		R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTIO	N OF LICENSED PREM	MISES:			
LEFT CORNE	E IS A RECTANGULA OR OF THE ROOM THE N ADJOINING ROOM.				
I hereby certify	and swear under penalt	ies of perjury that:			
1. the	renewed license will be	of the same type for the	ne same premises now	licensed;	
	licensee has complied w		=	o taxes; and	
3. the	premises are now open f	for business (If not ex	plain below)		
SIGNED BY	T 11 1 1 D	A 41 : 10	. OSC		
	individual, Parti	ner or Authorized Cor	porate Officer		
DATE:	TELEDIA	ONE NUMBER:	EMPLOYEI	R IDENTIFICATIO	N NIIMBER:
	TELEFTIC	THE NUMBER.		dividual Social Seco	
Acts of 2004,	rsigned, attest that we a signed by the building e and (2) the certificate	inspector and the he	ad of the fire depart	ment for the al	oove
Please Check Belo	ow:		LOCAL LICENS	SING AUTHOR	RITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	i explain)				
			-		
DATE:					



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LICENSE NUMBER:	052000150		CITY OF	R TOWN	HAVERHI	LL
APPLICATION FOR	RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	SABA FOODMA	RKET, INC.				
DOING BUSINESS A	. BRADFORD SH	HELL				
ADDRESS 154 SOUT	'H MAIN ST					
CITY/TOWN: HAVE	ERHILL	STATE: MA	ZIP (	CODE:	01835	
MANAGER: SABA	, AZIZ TY	PE OF LICENSE: Pa	ackage Store	e C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	-					
PI	EASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR I	EMAIL ADDRESS	8		
DESCRIPTION OF L						
APPROX 3000 SQ FT MART				AS STAT	TION AND FO	OOD
SIGNED BY		r business (If not exp				
DATE:	TELEPHON	NE NUMBER:				TION NUMBER: ecurity Number)
Please Check Below:			LOCAI	LICEN:	SING AUTHO	ORITY
APPROVED: DISAPPROVED:	7		By:			
(If disapproved explain						
DATE:						
APPLICATION FOR RENEWA	A MUST BE EILED RV	LICENSEES DURING THE	MONTH OF NO	VEMBEP (	4G1 Ch 138 \$ 14	<u></u>
ZICITION I ON NENEWA				·		····



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 052000152		CITY OR TOWN HAVE	RHILL
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NA	AME: UNO OF HA	AVERHILL, INC.		
DOING BUSIN	NESS A UNO CHI	CAGO GRILL		
ADDRESS 30	CUSHING AVE			
CITY/TOWN:	HAVERHILL	STATE: MA	ZIP CODE: 01830	)
MANAGER:	WALACE, JOSHUA E.	TYPE OF LICENSE: Res	taurant CATEGOI	RY: All Alcohol
EMAIL ADDR	RESS:			
		T OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	N OF LICENSED PI			
		WHICH ENCOMPASSSES CE AREA AND PUBLIC RE		OUNGE, 
	premises are now op	ed with all laws of the Comment of the Comment of the Partner of Authorized Corpo	in below)	and
DATE:			EMBLOWED IDENTIFIE	VC A THOM AND IN ADDED
DATE.	TELE	PHONE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Acts of 2004,	signed by the build	we are in possession (1) the ing inspector and the head cate of liquor liability insur	of the fire department for	the above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AU By:	THORITY
DATE:				



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LICENSE NUMBER:	052000156		CITY OR TOWN	HAVERHII	LL
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	GEORGE'S AT TH	HE VAULT,INC.			
DOING BUSINESS A	A MAL'S PLACE				
ADDRESS 77 Washin	ngton St				
CITY/TOWN: HAV	ERHILL	STATE: MA	ZIP CODE:	01830	
MANAGER: POLA	SEK,LISA M. TYI	PE OF LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	MAIL ADDRESS		•
DESCRIPTION OF L					
four story brick bldg. 'storage, kitchen in bac		-		floor. Cellar	for
I hereby certify and sv	vear under penalties	of perjury that:			
1. the renewe	d license will be of	the same type for the	same premises now	licensed;	
2. the license	e has complied with	all laws of the Com	nonwealth relating to	taxes; and	
3. the premise	es are now open for	business (If not expl	ain below)		
SIGNED BY	Individual Partner	or Authorized Corpo	orate Officer		
	marviduai, i artiici	or rumorized corpo	rate Officer		
DATE:	TELEDIJON	E MUMDED.	FMPI OYER	IDENTIFICAT	ION NUMBER:
	TELEPHON	E NUMBER:	(Note: NOT Ind		
	_				
We the undersigned Acts of 2004, signed					
named license and (2 of 2010.	•	-	_		
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explai	n)				
DATE:					
APPLICATION FOR RENEWA	AL MUST BE FILED BY L	ICENSEES DURING THE M	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	(iA)



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 052000157		CITY OR TOWN	HAVERHI	LL
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	HAVERHILL BEEF	COMPANY LLC			
DOING BUSINESS	A HAVERHILL BEE	EF CO			
ADDRESS 117 MEI	RRIMACK ST				
CITY/TOWN: HAY	VERHILL	STATE: MA	ZIP CODE:	01830	
MANAGER: CAR	BONE, PETER TYPI	E OF LICENSE:Pa	ackage Store C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEE		EMAIL ADDRESS		
	LICENSED PREMISI				
BACK DOOR. ONE	STORAGE, COAT R SIDE DOOR	OOM IN BASEM	ENT LEVEL'; ONE	FRONT DO	OR, ONE
<ol> <li>the renew</li> <li>the licens</li> </ol>	wear under penalties of ed license will be of the ee has complied with a ses are now open for b	ne same type for thall laws of the Con	nmonwealth relating t		
SIGNED BY	Individual, Partner of	or Authorized Corp	porate Officer		
DATE:	TELEPHONE	NUMBER:			TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	nin)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:			-		



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0.	52000158		CITY OR TO	WN HAVERE	IILL
APPLICATION FOR R	ENEWAL:	Annual	LI	CENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: S DOING BUSINESS A					
ADDRESS 651 BROAI	OWAY				
CITY/TOWN: HAVE	RHILL	STATE: MA	ZIP COD	E: 01832	
MANAGER: DALTO T.	N, DAVID TY	PE OF LICENSE: F	ackage Store	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
		EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LIC					
TWO STORY WOOD S SPACE 2 FRONT 1 SII		DE EXIT THROU	GH WALK IN C	OOLER 1,282 S	Q FT. OF
3. the premises  SIGNED BY	are now open for	n all laws of the Cor business (If not ex	plain below)	ting to taxes; and	l
DATE:	TELEPHON	IE NUMBER:		OYER IDENTIFICA  T Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LIG	CENSING AUTH	HORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	52000159		C.	ITY OR TOV	VN HAVERHI	ILL
APPLICATION FOR R	ENEWAL:	Annu	al	LIC	ENSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME: 4 DOING BUSINESS A						
ADDRESS 426-428 MA	AIN STREET					
CITY/TOWN: HAVE	RHILL	STATE:	MA	ZIP CODE	: 01832	
MANAGER: SAINI,S	SOHAN 7	TYPE OF LICEN	SE:Packa	ge Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
		R WEBSITE AND ENTER	YOUR EMAII	L ADDRESS		
DESCRIPTION OF LIC		MISES:				
1108 SQ FT STORE FF	RON1					
3. the premises SIGNED BY	are now open	rith all laws of the for business (If no need to Authorized	ot explain	below)	ng to taxes; and	
1	narviauai, i art	ner or riumorizee	Согрога	e officer		
DATE:	TELEPHO	ONE NUMBER:			YER IDENTIFICAT	
Please Check Below: APPROVED:				LOCAL LICI By:	ENSING AUTH	ORITY
DISAPPROVED: (If disapproved explain)	)					
DATE:						



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LICENSE NUMBE	R: 052000160		CITY OR TOWN HA	AVERHILL
APPLICATION FO	R RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
	: HAVERHILL BRE	EWERY, INC.		
DOING BUSINESS	A THE TAP			
ADDRESS 100 WA	SHINGTON ST			
CITY/TOWN: HA	VERHILL	STATE: MA	ZIP CODE: 01	.830
MANAGER: COL	HEN, SHARON TYI	PE OF LICENSE: Re	estaurant CATE	GORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR W		EMAIL ADDRESS	
	LICENSED PREMIS			
			LEVEL, AND SECOND ARE IN HAVERHILL	STORY OF A 4
I hereby certify and	swear under penalties	of perjury that:		
1. the renew	wed license will be of	the same type for the	e same premises now lice	nsed;
2. the licens	see has complied with	all laws of the Com	monwealth relating to tax	es; and
3. the prem	ises are now open for	business (If not exp	lain below)	
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer	
DATE:	TEI EDHON	IE NUMBER:	EMPLOYER IDE	NTIFICATION NUMBER:
	TEELI HOIV	L NOWIDER.	(Note: NOT Individu	al Social Security Number)
***	1 44 40 4		4.0. 4 . 11	CI 4 204 64
			he certificate required by nd of the fire department	
named license and of 2010.	(2) the certificate of	liquor liability ins	urance required by Cha	pter 116 of the Acts
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	.aiii)			
DATE:				
APPLICATION FOR RENE	WAL MUST BE FILED BY L	ICENSEES DURING THE N	MONTH OF NOVEMBER (M.G.L.	Ch. 138 \$ 16A)



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 052000161		CITY OR TOWN	HAVERHI	LL
APPLICATION	FOR RENEWAL:	Annual	Annual LICENSED FOR		
		CLASS			YEAR
LICENSEE NA	ME: FLOWERS BY	STEVE,INC.			
DOING BUSIN	ESS A FLOWERS BY	Y STEVE,INC.			
ADDRESS 14 (	CROSS ROAD				
CITY/TOWN:	HAVERHILL	STATE: MA	ZIP CODE:	01835	
	JANAVICUS T STEPHEN A.	TYPE OF LICENSE:P	ackage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		J
DESCRIPTION	OF LICENSED PREM	MISES:			
	NG RETAIL FLORIST BACK GARAGE DO			T DOOR FA	ACING
	censee has complied was remises are now open in the second		olain below)		
	,				
DATE:	TELEPHO	ONE NUMBER:	NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social S		
Please Check Below APPROVED:	<u>v:</u>		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVE	D:		By:		
(If disapproved	<u> </u>				
DATE:					



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APPLICATION FOR F			err on re	WN HAVERHI	
	RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: I	TALIAN AME	RICAN BENEVOLE	NCE ASSOCIAT	CION, INC	
DOING BUSINESS A	ITALIAN AM	ERICAN SOCIAL CI	LUB		
ADDRESS 210 WINT	ER STREET				
CITY/TOWN: HAVE	RHILL	STATE: MA	ZIP COD	E: 01830	
MANAGER: DIPRIN SALVA	MA, T ATORE A	TYPE OF LICENSE: (	llub	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LI					
1500 SQFT PROPERT THREE ENTRANCES					E ARE
2. the licensee 3. the premises SIGNED BY	has complied was are now open in	of the same type for the vith all laws of the Confor business (If not ex	nmonwealth rela plain below)		
	marvidudi, i dit	ner or Authorized Cor	porate Officer		
				OYER IDENTIFICAT	DION NUMBER
DATE:		ner or Authorized Cor	EMPL	OYER IDENTIFICAT	
	TELEPHO attest that we a by the building	ONE NUMBER:  are in possession (1) in the hear in the hear in the hear inspector and the he	EMPL (Note: <u>NC</u> the certificate re ad of the fire de	T Individual Social S quired by Chapt partment for the	Security Number) ser 304 of the above
DATE:  We the undersigned, Acts of 2004, signed benamed license and (2)	TELEPHO attest that we a by the building the certificate	ONE NUMBER:  are in possession (1) in the hear in the hear in the hear inspector and the he	EMPI (Note: <u>NC</u> the certificate re ad of the fire de surance require	T Individual Social S quired by Chapt partment for the	Security Number)  ter 304 of the eabove of the Acts



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LICENSE NUMBER:	052000164		CITY OR TOWN	N HAVERHI	ILL
APPLICATION FOR I	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BANGKOK COMM	ION CORPORATION	ON		
DOING BUSINESS A	TASTE OF BANG	<b>SKOK</b>			
ADDRESS 2 ESSEX S	STREET				
CITY/TOWN: HAVE	ERHILL	STATE: MA	ZIP CODE:	01830	
MANAGER: BURTO	ON, DAVID TYPI	E OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMIS	ES:			
I hereby certify and sw	•		_		
	l license will be of the	• •	•		
	has complied with a		_	to taxes; and	
3. the premise	s are now open for b	ousiness (If not expl	ain below)		
SIGNED BY	Individual, Partner of	or Authorized Corn	orata Officar		
	marviduai, rariilei (	n Aumorized Corpo	orate Officer		
DATE:			EMDI OV	ER IDENTIFICAT	FION NI IMPED
DAIL.	TELEPHONE	ENUMBER:		Individual Social S	
We the undersigned,					
Acts of 2004, signed I named license and (2					
of 2010.	,		•	. 1	
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)				
			-		
DATE:			-		
APPLICATION FOR RENEWA	I MIICT DE EII EN DVIIV	PENICES DIDING THE A	ONTH OF NOVEMBER	(M.C.I. Cb. 129 ¢ 1	64)
AFFLICATION FUR KENEWA	TIMOST DE LIPED BA FIC	LENSEES DUKING THE M	ION LIT OF NOVEMBER	(IVI.U.L. CII. 138 \$ 1	UA)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052000165		CITY OR TOWN HAVERHILL
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: RARE HOSPITAL	ITY INTERNATION	AL, INC
DOING BUSINESS A LONGHORN ST	EAKHOUSE	
ADDRESS 59 PLAISTOW ROAD		
CITY/TOWN: HAVERHILL	STATE: MA	ZIP CODE: 01830
MANAGER: BOULLIANNE,CH TYI ARLES JEAN	PE OF LICENSE: Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PREMIS	SES:	
ROOM, BAR AREA, AND LOUNGE. S	EATING 188 PEOPLI	A. FULL SERVICE KITCHEN, DINING E. FRONT ENTRANCE FOR PUBLIC, RESTROOMS FOR MEN AND WOMEN
I hereby certify and swear under penalties	of perjury that:	
1. the renewed license will be of	the same type for the s	same premises now licensed;
2. the licensee has complied with		_
3. the premises are now open for	business (If not explai	in below)
SIGNED BY Individual, Partner	or Authorized Corpor	rate Officer
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
TELEI HOIV	L NOWIDER.	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building in	spector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
		·
DATE:		



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LICENSE NUMBER:	)52000170		C!	ITY OR TOWN	HAVERHI	LL
APPLICATION FOR F	RENEWAL:	Annu	ıal	LICEN	ISED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME: A DOING BUSINESS A		NGLAND LLC				
ADDRESS 56 PLAIST	OW RD					
CITY/TOWN: HAVE	RHILL	STATE:	MA	ZIP CODE:	01830	
MANAGER: SHORT	Γ, LEO W. T	YPE OF LICEN	SE:Restau	ırant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAII	L ADDRESS		J
DESCRIPTION OF LIGHT FULL SERVICE REST KITCHEN, DINING R ENTRANCE/EXITS, S	Γ FACILITY CC	ONTAINING AF R AREA, SEAT	'ING 198 I	PEOPLE. FRON	lТ	
I hereby certify and swe	-					
2. the licensee	has complied wi	of the same type ith all laws of the or business (If no	e Commor	nwealth relating		
SIGNED BY	Individual, Partn	ner or Authorized	l Corporat	e Officer		
DATE:	TELEPHO	ONE NUMBER:			R IDENTIFICAT	
				(Note: NOT In	dividual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	y the building i	inspector and tl	he head of	f the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]			LOCAL LICEN By:	SING AUTHO	ORITY
DATE:						



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LICENSE NUMBER:	052000173		CITY OR TOV	VN HAVERHI	LL
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MARDEB, LLC	C			
DOING BUSINESS A	KRUEGAR F	LATBREAD			
ADDRESS 144 ESSE	X STREET				
CITY/TOWN: HAV	ERHILL	STATE: M	IA ZIP CODE	: 01830	
MANAGER: STOL SUSA	,	TYPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OU	JR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PRE	MISES:			
2,400 SQ. FT. , ONE DINING ROOM. KIT			Г. 1 HANDICAP E	NTRANCE, MA	IN
I hereby certify and sv	vear under penal	ties of perjury that:			
1. the renewe	d license will be	e of the same type for	the same premises	now licensed;	
2. the licensee	e has complied v	with all laws of the Co	ommonwealth relati	ng to taxes; and	
3. the premise	es are now open	for business (If not e	xplain below)		
SIGNED BY					
	Individual, Par	tner or Authorized Co	orporate Officer		
DATE:	TELEPH	ONE NUMBER:		YER IDENTIFICAT	
			(Note: NO	Individual Social S	security Number)
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building	g inspector and the h	nead of the fire dep	artment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explai	n)				
DATE:					



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LICENSE NUN	MBER: 052000176		CITY OR TOWN HAVER	RHILL
APPLICATION	N FOR RENEWAL	: Annual	LICENSED FOR	2 2013
		CLASS		YEAR
LICENSEE NA	ME: TABA LLC	1		
DOING BUSIN	NESS A THE LOU	NGE		
ADDRESS 59	WASHINGTON S	Т.		
CITY/TOWN:	HAVERHILL	STATE: MA	ZIP CODE: 01830	
	SAMATARO, ELIZABETH	TYPE OF LICENSE: R	destaurant CATEGOR	Y: All Alcohol
EMAIL ADDR	ESS:			
DESCRIPTION	PLEASE ALSO VIS N OF LICENSED F	IT OUR WEBSITE AND ENTER YOUR PREMISES:	EMAIL ADDRESS	
I hereby certify	and swear under p	enalties of perjury that:		
•	-		ne same premises now licensed;	
2. the l	icensee has compli	ed with all laws of the Cor	nmonwealth relating to taxes; ar	nd
3. the p	oremises are now o	pen for business (If not exp	plain below)	
SIGNED BY	Individual,	Partner or Authorized Cor	porate Officer	
DATE:	TELE	EPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Acts of 2004, s	signed by the build	ding inspector and the he	the certificate required by Cha ad of the fire department for t surance required by Chapter	the above
Please Check Belov	<u>w:</u>		LOCAL LICENSING AUT	ΓHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disapproved	елріаш)			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FII	LED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138	3 \$ 16A)



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LICENSE NUMBER: 05	2000179		C	ITY OR TOW	/N H	AVERHI	LL
APPLICATION FOR RE	ENEWAL:	Annu	al	LIC	ENSE	D FOR 20	)13
		CLAS	SS				YEAR
LICENSEE NAME: PJ	ML INC.						
DOING BUSINESS A	ARCHIE'S LITTLE	RIVER AL	E HOUS	Ε			
ADDRESS 27 LAFAYE	TTE SQUARE						
CITY/TOWN: HAVER	HILL	STATE:	MA	ZIP CODE:	. (	01830	
MANAGER: LOVETT	Γ JOHN R. TYPE	OF LICEN	SE:Restau	ırant	CAT	EGORY:	All Alcohol
EMAIL ADDRESS:							
PLEA	ASE ALSO VISIT OUR WEBS	ITE AND ENTER	YOUR EMAII	ADDRESS			_
DESCRIPTION OF LIC	ENSED PREMISES	S:					
45 SQ FT GROUND FL THROUGH 2 DOORWARESTROOMS. SEPART	AYS IN FRONT AN	ND AT THE	E REAR V				
I hereby certify and swea	ır under penalties of	perjury tha	t:				
1. the renewed l	icense will be of the	same type	for the sai	ne premises n	ow lic	ensed;	
	as complied with all				ig to ta	xes; and	
3. the premises a	are now open for bu	siness (If no	t explain	below)			
SIGNED BY	ndividual, Partner or	Authorized	Cornorat	e Officer			
111	dividual, I diffici of	radiorized	Согроги	c Officer			
DATE:	TELEPHONE I	NI IMBER:		EMPLO	YER ID	ENTIFICAT	ION NUMBER:
	TEELI HOIVE	WOWIDER.		(Note: NOT	Individ	ual Social S	ecurity Number)
We the undersigned, at Acts of 2004, signed by named license and (2) to f 2010.	the building inspe	ctor and th	e head of	the fire depa	artmei	nt for the	above
Please Check Below:			]	LOCAL LICE	ENSIN	G AUTHO	ORITY
APPROVED:				Ву:			
DISAPPROVED: (If disapproved explain)							
(11 disappioved expidiii)							_
DATE:							



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LICENSE NUI	MBER: 052000181	C	CITY OR TOWN HAVER	RHILL
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
LICENSEE NA	AME: BARNBOARD PUI	B,INC.		
DOING BUSI	NESS A ACADEMY LAN	ES		
ADDRESS 72:	5 SOUTH MAIN ST.			
CITY/TOWN:	HAVERHILL	STATE: MA	ZIP CODE: 01835	
MANAGER:	DI BURRO, TYP EDWARD	E OF LICENSE: Gener premi		Y: Wine and Malt Regular
EMAIL ADDR	RESS:			
		BSITE AND ENTER YOUR EMAI	IL ADDRESS	
	N OF LICENSED PREMIS			
	CONCRETE BLOCK BUII EXITS AND THREE REA			
I hereby certify	and swear under penalties	of perjury that:		
1. the	renewed license will be of the	he same type for the sa	me premises now licensed;	
	licensee has complied with		_	nd
3. the	premises are now open for b	ousiness (If not explain	below)	
SIGNED BY	Individual, Partner	or Authorized Corpora	te Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
			(Note: NOT Individual Soc	ial Security Number)
Acts of 2004,	rsigned, attest that we are signed by the building inspectand (2) the certificate of	pector and the head o	f the fire department for	the above
Please Check Belo			LOCAL LICENSING AU	ΓHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 uisappiovec	i expiani)			
DATE:				



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LICENSE NUMBE	ER: 052000182		CITY OR T	ΓOWN	HAVERHI	LL
APPLICATION FO	OR RENEWAL:	Annual		LICENS	SED FOR 20	13
		CLASS	S			YEAR
LICENSEE NAME	: JIANG'S FAMILY	INC.				
DOING BUSINESS	S A CHINA KING SU	JPER BUFFET				
ADDRESS 755 Ma	in St					
CITY/TOWN: HA	VERHILL	STATE:	MA ZIP CC	DDE:	01832	
MANAGER: ZH	ENG, JUN TYP	PE OF LICENSI	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	d:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER Y	OUR EMAIL ADDRESS			•
DESCRIPTION OF	F LICENSED PREMIS	SES:				
first floor with apprrestrooms. One entr	ox 8000 sq ft containing rance and two exits	ng three dining i	rooms, one kitche	n, one st	torage area ai	nd three
I hereby certify and	swear under penalties	of perjury that:				
1. the rene	wed license will be of	the same type for	or the same premis	ses now	licensed;	
2. the licen	see has complied with	all laws of the	Commonwealth re	elating to	taxes; and	
3. the pren	nises are now open for	business (If not	explain below)			
SIGNED BY	Individual, Partner	or Authorized (	Corporate Officer			
DATE:	TELEPHON	E NUMBER:	EM	IPLOYER	IDENTIFICAT	ION NUMBER:
			(Note:	NOT Ind	ividual Social S	ecurity Number)
Acts of 2004, sign	ed, attest that we are ed by the building ins l (2) the certificate of	spector and the	head of the fire	departn	nent for the	above
Please Check Below:	_		LOCAL I	LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved exp	loin)					
(11 disappioved exp	ram)					_
DATE:						
APPLICATION FOR RENI	EWAL MUST BE FILED BY LI	CENSEES DURING	THE MONTH OF NOVE	EMBER (M.	.G.L. Ch. 138 \$ 16	(A)



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LICENSE NUMBER	: 052000183		CITY OR TO	WN HAVERHI	LL
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	25 Essex Street	LLC			
DOING BUSINESS	A Essex Street C	Grille			
ADDRESS 25 Essex	St				
CITY/TOWN: HAV	'ERHILL	STATE: MA	ZIP CODE	E: 01832	
MANAGER: Spend	cer, Michael	TYPE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I					
first floor, approx 198 restrooms	87 sq ft, two entr	ances and two exits, on	e dining room, or	ne kitchen and two	0
I hereby certify and s	wear under penal	lties of perjury that:			
1. the renew	ed license will be	e of the same type for the	ne same premises	now licensed;	
	-	with all laws of the Con		ing to taxes; and	
3. the premis	ses are now open	for business (If not exp	olain below)		
SIGNED BY	Individual Par	tner or Authorized Cor	oorate Officer		
	marvidual, i ui	ther of Humorized Cor	portite officer		
DATE:	TELEDII	ONE NUMBER.	EMPI (	OYER IDENTIFICAT	TION NI IMBER:
	IELEFH	ONE NUMBER:		f T Individual Social S	
					201.0.7
		are in possession (1) t g inspector and the he			
, 0	•	e of liquor liability ins	-		
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ın)				
DATE:					
APPLICATION FOR RENEW	AL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMB	ER (M.G.L. Ch. 138 \$ 10	6A)



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LICENSE NUMBER: (	)52000184		CITY OR TO	WN HAVERHI	LL
APPLICATION FOR F	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	NORTH SHORE GO	LF CLUB Holdir	ngs LLC		
DOING BUSINESS A	RENAISSANCE GO	OLF CLUB			
ADDRESS 377KENO2	ZA STREET				
CITY/TOWN: HAVE	RHILL	STATE: MA	ZIP CODE	E: 01832	
MANAGER: ROBIC HAEL	HAUD,MIC TYPE		eneral on emise	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LI					
GOLF CLUB HALFW AND BEVERAGE AR				F ONE FOOD AI	REA
I hereby certify and swe	ear under penalties of	f perjury that:			
1. the renewed	license will be of the	e same type for th	e same premises	now licensed;	
2. the licensee	has complied with al	l laws of the Com	monwealth relati	ng to taxes; and	
3. the premises	s are now open for bu	siness (If not exp	lain below)		
SIGNED BY					
]	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		OYER IDENTIFICAT	
			(Note: NO	I Individual Social S	security Number)
We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	y the building inspe	ector and the hea	d of the fire dep	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:	٦		By:		
DISAPPROVED:					
(If disapproved explain	,		-		
DATE:					



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LICENSE NUMBER: 0520001	85	CITY OR TOWN HAVER	HILL
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: WANG'S	TABLE, INC.		
DOING BUSINESS A WANG	'S TABLE		
ADDRESS 46 MERRIMACK S	STREET		
CITY/TOWN: HAVERHILL	STATE: MA	ZIP CODE: 01832	
MANAGER: WONG, TIAN SONG	TYPE OF LICENSE:R	estaurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSEI			
1,500 SQ. FT. STORE FRONT AND EXIT IN REAR.	ON STREET LEVEL ENTR	RANCE IN FRONT, STORAGE	IN REAR
I hereby certify and swear under	r penalties of perjury that:		
1. the renewed license	will be of the same type for th	ne same premises now licensed;	
2. the licensee has com	plied with all laws of the Con	nmonwealth relating to taxes; an	d
3. the premises are now	v open for business (If not exp	plain below)	
SIGNED BY			
Individua	al, Partner or Authorized Corp	porate Officer	
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFIC	
		(Note: NOT Individual Social	al Security Number)
Acts of 2004, signed by the bu	uilding inspector and the hea	he certificate required by Cha ad of the fire department for t surance required by Chapter 1	he above
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER: 0520	00187		C	CITY OR TO	OWN	HAVERH	ILL
APPLICATION FOR REN	EWAL:	Annua	al	L	ICENS	SED FOR 2	.013
		CLAS	SS				YEAR
LICENSEE NAME: NOR	TH SHORE GO	OLF CLUB H	IOLDIN	GS,LLC			
DOING BUSINESS A REI	NAISSANCE G	OLF CLUB					
ADDRESS 377 KENOZA	ST						
CITY/TOWN: HAVERHI	LL	STATE:	MA	ZIP COD	E:	01832	
MANAGER: MCGILLIC MICHAEL	UDDY, TYPE	E OF LICENS	SE:Gener		CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:							
PLEASE A	ALSO VISIT OUR WEB	SITE AND ENTER	YOUR EMA	L ADDRESS			
DESCRIPTION OF LICEN							
CLUB HOUSE APPROX,3 FOOD AND BEVERAGE		CONSISTIN	G OF A	TOTAL OF	20 + I	ROOMS W	ITH 6
I hereby certify and swear u	nder penalties o	of perjury that	t:				
1. the renewed lice	nse will be of th	ne same type i	for the sa	me premise	s now	licensed;	
2. the licensee has	complied with a	ıll laws of the	Commo	nwealth rela	ting to	taxes; and	
3. the premises are	now open for b	usiness (If no	t explain	below)			
SIGNED BY							
Indiv	vidual, Partner o	or Authorized	Corpora	te Officer			
DATE:	TELEPHONE	NUMBER:					TION NUMBER:
				(Note: Note:	OT Indi	ividual Social	Security Number)
We the undersigned, attes Acts of 2004, signed by th named license and (2) the of 2010.	e building insp	ector and th	e head o	f the fire do	epartn	nent for the	e above
Please Check Below:				LOCAL LI	CENS	ING AUTH	ORITY
APPROVED:				By:			
DISAPPROVED:							
(If disapproved explain)							
DATE:							



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:: 052000188		CITY OR TOWN	HAVERHII	L
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME:	Haverhill Ridgeruni	ners Fish & Game	Club, Inc		
DOING BUSINESS	A Haverhill Ridgeru	nners Fish & game	e Club		
ADDRESS 462 King	sbury Ave				
CITY/TOWN: HAV	/ERHILL	STATE: MA	ZIP CODE:	01832	
MANAGER: LEBI	LANC, LARRY TYP	E OF LICENSE:	Commercial club C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF I lodge on 3.45 acres h I hereby certify and s	aving one front entra	ES: nce, one front exit		ır exit. Cellar e	xit
• •	-		he same premises nov	v licensed;	
			mmonwealth relating		
3. the premis	ses are now open for	business (If not ex	plain below)		
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHONI	E NUMBER:		R IDENTIFICATI dividual Social Se	
Acts of 2004, signed	l by the building ins	pector and the he	the certificate required of the fire depart surance required by	ment for the	above
Please Check Below:			LOCAL LICEN	SING AUTHO	RITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expla	in)				
(11 disappioved expla	.111)				
DATE:			-		



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LICENSE NUMBER:	152000190		CITY OR TOW	N HAVEKHI	ILL
APPLICATION FOR F	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: NOOING BUSINESS A		CTION HALL, INC			
ADDRESS 12 ALPHA	STREET				
CITY/TOWN: HAVE	RHILL	STATE: MA	ZIP CODE:	01832	
MANAGER: CEBA,	BASSAM M.TY	PE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMI	SES:			
I hereby certify and swe	ear under penalties	s of perjury that:			
1. the renewed	license will be of	the same type for the	e same premises n	ow licensed;	
2. the licensee	has complied with	n all laws of the Com	monwealth relatin	g to taxes; and	
3. the premises	s are now open for	business (If not exp	lain below)		
SIGNED BY	Individual, Partner	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed be named license and (2) of 2010.	y the building in	spector and the hea	d of the fire depa	artment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:	1		By:		
DISAPPROVED:	)				
(If disapproved explain	,		-		
			-		
DATE:					
APPLICATION FOR RENEWAI	MIICT DE EU ED DVI	ICENSEES DUBING THE	MONTH OF NOVEMBER	P. M.C.I. Ct. 129 ft	64)
ALL LICATION FOR RENEWAL	າທາດວະນຕ LITEN B I T	TOTAL DAILY DAILY	MONTH OF NOVEMBE	л (1v1.U.L. СП. 130 ֆ I	UA)



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LICENSE NUMBER:	)52000191		CITY	OR TOW	N HAVERHI	ILL
APPLICATION FOR I	RENEWAL:	Annua	ત્રી	LICE	ENSED FOR 2	013
		CLAS	S			YEAR
LICENSEE NAME:	ROYAL INDIA RE	STAURANT				
DOING BUSINESS A	ROYAL INDIA R	ESTAURAN	Γ			
ADDRESS 42 MERRI	MACK STREET					
CITY/TOWN: HAVE	RHILL	STATE:	MA ZI	P CODE:	01832	
MANAGER: KADA KUMA	RIYA, RAM TYP AR	E OF LICENS	SE: Restaurant	t	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAIL ADD	RESS		_
DESCRIPTION OF LI						
ONE STORY BUILDI AND REST ROOM	NG APPROX. 1488	8 SQ. FT. WI	ГН КІТСНЕІ	N, DIDING	G AREA, STOI	RAGE,
I hereby certify and sw	ear under penalties	of perjury that	:			
1. the renewed	l license will be of the	he same type f	or the same p	remises no	ow licensed;	
2. the licensee	has complied with	all laws of the	Commonwea	alth relating	g to taxes; and	
3. the premises	s are now open for b	ousiness (If no	t explain belo	ow)		
SIGNED BY						
	Individual, Partner	or Authorized	Corporate Of	fficer		
D. 1 777						
DATE:	TELEPHONE	E NUMBER:	(		'ER IDENTIFICAT	
			(	Note. NOT	Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building insp	pector and th	e head of the	fire depa	rtment for the	e above
Please Check Below:			LOC	CAL LICE	NSING AUTH	ORITY
APPROVED:	٦		By:			
DISAPPROVED:						
(If disapproved explain	.)					
DATE:						



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LICENSE NUMBER	l: 052000192		CITY OR TOW	/N HAVERHI	LL
APPLICATION FOR	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	NEXT DOOR CC	ORP.			
DOING BUSINESS	A THE GRILL NE	XT DOOR			
ADDRESS 653 BRC	DADWAY				
CITY/TOWN: HAV	/ERHILL	STATE: MA	ZIP CODE:	01832	
MANAGER: GAR	LAND SUSAN TY	PE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	EMAIL ADDRESS		
DESCRIPTION OF					
2900 SQ. FT. OPEN AND BACK.	SPACE WITH BA	AR IN REAR.KITCH	EN, BATHROON	Л,EXITS IN FR	ONT
I hereby certify and s	wear under penaltie	s of perjury that:			
		f the same type for the	=		
		h all laws of the Com		ng to taxes; and	
3. the premis	ses are now open for	r business (If not expl	lain below)		
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer		
	,	·			
DATE:	TELEPHO	NE NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEE ITO	(ET(CIVIEE)	(Note: NOT	Individual Social S	Security Number)
We the undersigned	d attact that we ar	e in possession (1) th	na gartificata ragi	uired by Chant	or 304 of the
		rspector and the hea			
named license and of 2010.	(2) the certificate o	of liquor liability inst	urance required	by Chapter 116	of the Acts
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	un)				
DATE:			-		
APPLICATION FOR RENEW	VAL MUST BE FILED BY	LICENSEES DURING THE M	MONTH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	6A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN HAVERHILL
Annual	LICENSED FOR 2013
CLASS	YEAR
S INC.	
STATE: MA	ZIP CODE: 01832
OF LICENSE: Resta	urant CATEGORY: All Alcoho
ITE AND ENTER YOUR EMA	IL ADDRESS
S:	
	AND EXIT IN REAR TO DECK AND ND STORAGEWOODEN DECK
perjury that:	
• 1	ame premises now licensed;
	onwealth relating to taxes; and
siness (If not explain	n below)
· Authorized Corpora	ate Officer
NIIMBER:	EMPLOYER IDENTIFICATION NUMBER
	(Note: NOT Individual Social Security Number
ector and the head o	(Note: NOT Individual Social Security Number certificate required by Chapter 304 of the of the fire department for the above nace required by Chapter 116 of the Acts
ector and the head o	certificate required by Chapter 304 of the of the fire department for the above
ector and the head o	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
ector and the head o	certificate required by Chapter 304 of the of the fire department for the above nnce required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
ector and the head o	certificate required by Chapter 304 of the of the fire department for the above nnce required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
ector and the head o	certificate required by Chapter 304 of the of the fire department for the above nnce required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
	CLASS SINC.  STATE: MA OF LICENSE: Resta  TE AND ENTER YOUR EMA S: NGTON STREET A WITH KITCHEN A  perjury that:



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	052000194		CITY OR TO	IWN HAVERHI	LL
APPLICATION FOR	RENEWAL:	Annual	LI	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	FY ASSOCIATI	ES,INC.			
DOING BUSINESS A	A BLUE FINN G	RILLE			
ADDRESS 130 WAS	HINGTON				
CITY/TOWN: HAV	ERHILL	STATE: MA	ZIP COD	E: 01832	
MANAGER: YOUN	NG,DARCY T	YPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREN	MISES:			
INGRESS & EGRESS REAR:KITCHEN,BA AREAS.					AGE
I hereby certify and sw	vear under penalt	ies of perjury that:			
1. the renewe	d license will be	of the same type for the	e same premises	s now licensed;	
2. the licensee	e has complied w	ith all laws of the Com	monwealth rela	ting to taxes; and	
3. the premise	es are now open f	or business (If not exp	lain below)		
SIGNED BY	Individual Docto	ner or Authorized Corp	orata Officar		
	marviduai, r arti	iei of Authorized Corp	orate Officer		
DATE:	TEI EDUC	ONE NUMBER:	EMPI	OYER IDENTIFICAT	TION NUMBER:
	TELEFTIC	THE NOWIDER.		<b><u>OT</u></b> Individual Social S	
Acts of 2004, signed	by the building	are in possession (1) the inspector and the heat of liquor liability instant	d of the fire de	epartment for the	above
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 052000195		CITY OR TOWN	HAVERHI	LL
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
	E: GRANDE MEXIC SS A GRANDE MEXIC				
ADDRESS 108 PI	LAISTOW RD				
CITY/TOWN: H	AVERHILL	STATE: MA	ZIP CODE:	01832	
MANAGER: BE	ROGNA, DAVID TYP	E OF LICENSE: Re	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		-
DESCRIPTION O	F LICENSED PREMIS	SES:			
APPROX 3300 SE HANDICAPPED	F, FRONT ENTRANCI RESTROOMS	E, REAR EXIT, 1 D	OINING ROOM,1 BA	AR, 1 KITCH	EN, 2
<ol> <li>the rene</li> <li>the lice</li> </ol>	d swear under penalties ewed license will be of ensee has complied with mises are now open for	the same type for the all laws of the Com	monwealth relating t		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:			TON NUMBER:
Acts of 2004, sign	ned, attest that we are ned by the building ins ad (2) the certificate of	pector and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED:			LOCAL LICENS By:	SING AUTHO	ORITY
DISAPPROVED:					
(If disapproved ex	piain)				
DATE:					



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LICENSE NUMBER	R: 052000196		CITY OR TOWN	HAVERHII	LL
APPLICATION FO	R RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	C & W RESTAUR	ANT INC.			
DOING BUSINESS	A RED PEPPER				
ADDRESS 122 WH	ITE STREET				
CITY/TOWN: HA	VERHILL	STATE: MA	ZIP CODE:	01832	
MANAGER: WU,	, MEI HSIANG TYI	PE OF LICENSE: Re	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
	LICENSED PREMIS				
	ITH 11 TABLES, CC EFT FRONT, 2ND E				L
	swear under penalties	_			
1. the renew	ved license will be of	the same type for the	same premises nov	v licensed;	
2. the licens	see has complied with	all laws of the Com	monwealth relating	to taxes; and	
3. the premi	ises are now open for	business (If not expl	ain below)		
SIGNED BY	Individual Dartner	or Authorized Corpo	orata Officar		
	marviduai, Farmer	of Authorized Corpo	orate Officer		
DATE:	TELEDIAN	E MUMBER	EMDI OVE	R IDENTIFICAT	ION NI IMBED
DITE.	TELEPHON	E NUMBER:		ndividual Social S	
	ed, attest that we are id by the building ins				
named license and	(2) the certificate of	-	_		
of 2010.					
Please Check Below: APPROVED:			LOCAL LICEN	SING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved expl	ain)				
•					
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED BY L	ICENSEES DURING THE M	ONTH OF NOVEMBER (	M.G.L. Ch. 138 \$ 16	iA)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 052000199		CITY OR TOWN HAVERH	ILL
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NA	AME: PIGRIM LANES	SINC.		
DOING BUSI	NESS A PILGRIM LAN	IES		
ADDRESS 60	0 PRIMROSE STREET			
CITY/TOWN:	HAVERHILL	STATE: MA	ZIP CODE: 01832	
MANAGER:	ANGELOTTI, T'DALE R.	YPE OF LICENSE: Ger pre	neral on CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
	N OF LICENSED PREM			
			SQ FT, 20 LANE BOWLING ( EAR EMERGENCY EXIT	CENTER,
I hereby certify	and swear under penalti	es of perjury that:		
1. the	renewed license will be o	of the same type for the	same premises now licensed;	
2. the	licensee has complied wi	th all laws of the Comn	nonwealth relating to taxes; and	
3. the	premises are now open for	or business (If not expla	nin below)	
SIGNED BY				
	Individual, Partn	er or Authorized Corpo	rate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICAT	
			(Note: NOT Individual Social S	Security Number)
Acts of 2004,	signed by the building i	inspector and the head	e certificate required by Chapt l of the fire department for the rance required by Chapter 110	above
Please Check Belo	<u>DW:</u>		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	1 explain)			
DATE:				
DATE.				



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LICENSE NUMBE	R: 052000200		CITY OR TOW	N HAVERHI	LL
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
DOING BUSINESS	S A SPARKY'S W	NGS AND THINGS INGS AND THINGS			
ADDRESS 20 EME			ATT CODE	01022	
CITY/TOWN: HA		STATE: M			
MANAGER: PUI	SYS, JAMES T	TYPE OF LICENSE:	Restaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
		R WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF			CTOD LCC DOOL	-	
		ONE KITCHEN NTRANCES/EXITS	STORAGE ROOM		
I hereby certify and	swear under penal	ties of perjury that:			
	•	with all laws of the Co		ng to taxes; and	
SIGNED BY	Individual, Part	ner or Authorized Co	rporate Officer		
DATE:	TELEPHO	ONE NUMBER:		YER IDENTIFICAT	
Acts of 2004, signe	ed by the building	are in possession (1) inspector and the h e of liquor liability in	ead of the fire dep	artment for the	above
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	Lain)				
DATE:					



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LICENSE NUMBER: 05200	00201	CITY OR TOWN	HAVERHILL
APPLICATION FOR RENI	EWAL: Annual	LICEN	SED FOR 2013
	CLASS	3	YEAR
LICENSEE NAME: LI'S A DOING BUSINESS A ASI	AN GARDEN		
ADDRESS 1186 MAIN ST			
CITY/TOWN: HAVERHI	LL STATE:	MA ZIP CODE:	01832
MANAGER: LI, WU	TYPE OF LICENS	E:Restaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:			
	LSO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS	
WITH ONE DINING ROO. ENTRANCE AND TWO E	ES LOCATED AT 1186 MAI M, ONE KITCHEN,RESTRO XITS.	OOMS AND STORAGE	
•	nder penalties of perjury that:		
2. the licensee has o	onse will be of the same type for complied with all laws of the composition open for business (If not	Commonwealth relating t	
SIGNED BY Indiv	idual, Partner or Authorized (	Corporate Officer	
DATE:	TELEPHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, signed by th	t that we are in possession ( e building inspector and the certificate of liquor liability	head of the fire depart	ment for the above
Please Check Below:  APPROVED:   DISAPPROVED:   (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY
DATE:		-	



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LICENSE NUMBER: (	)52000202		CITY OR TOWN H	AVERHILL
APPLICATION FOR F	RENEWAL:	Annual	LICENSEL	O FOR 2013
		CLASS		YEAR
LICENSEE NAME:	SAMP BEVERAGE L	LC		
DOING BUSINESS A	BUTCH'S UPTOWN			
ADDRESS 63 LOCKE	SREET			
CITY/TOWN: HAVE	RHILL	STATE: MA	ZIP CODE: 0	1832
MANAGER: PETRO HA	OU,SAMANT TYPE C	OF LICENSE: Res	taurant CATE	EGORY: All Alcohol
EMAIL ADDRESS:				
PLI	EASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMISES:	:		
SINGLE STORY BUII ENTRANCES AND E				
I hereby certify and swe	ear under penalties of p	perjury that:		
1. the renewed	license will be of the s	same type for the	same premises now lice	ensed;
2. the licensee	has complied with all	laws of the Comm	onwealth relating to tax	xes; and
3. the premises	s are now open for busi	iness (If not expla	in below)	
SIGNED BY				
	Individual, Partner or A	Authorized Corpor	rate Officer	
DATE:	TELEPHONE N	UMBER:		ENTIFICATION NUMBER: ual Social Security Number)
			(Note: NOT Individu	tal Social Security Number)
We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	y the building inspec	tor and the head	of the fire departmen	t for the above
Please Check Below:			LOCAL LICENSING	G AUTHORITY
APPROVED:	-		By:	
DISAPPROVED:				
(If disapproved explain	)			
DATE:				



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LICENSE NU	MBER: 052000203		CITY OR TOWN HAVER	HILL
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: ESSEN MAN	NAGEMENT LLC		
DOING BUSI	NESS A THE PURP	LE ONION		
ADDRESS 22	WASHINGTON ST			
CITY/TOWN	: HAVERHILL	STATE: MA	A ZIP CODE: 01832	
MANAGER:	SANDERS, ROBERT	TYPE OF LICENSE:	Restaurant CATEGORY	Y: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	<u></u>
DESCRIPTIO	N OF LICENSED P	REMISES:		
APPROX 120	0 SF SPACE WITH I	ENT AND EXIT, DININ	NG ROOM, KITCHEN, TWO RE	ESTROOMS
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for t	the same premises now licensed;	
2. the	licensee has complie	d with all laws of the Co	mmonwealth relating to taxes; an	d
3. the	premises are now ope	en for business (If not ex	xplain below)	
SIGNED BY	Individual, P	artner or Authorized Co	rporate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Acts of 2004,	signed by the buildi	ing inspector and the h	the certificate required by Cha ead of the fire department for t surance required by Chapter 1	he above
Please Check Bel			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROV	<u> </u>			
(If disapprove	u expiaiii)			
DATE:				
APPLICATION FOI	R RENEWAL MUST BE FILE	ED BY LICENSEES DURING TH	E MONTH OF NOVEMBER (M.G.L. Ch. 138	\$ 16A)



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LICENSE NU	MBER: 052000205		CITY OR TOWN	HAVERHILL
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE N	AME: OTHER PLA	ACE LLC		
DOING BUSI	NESS A THE OTH	ER PLACE		
ADDRESS 11	9 CEDAR STREET			
CITY/TOWN	: HAVERHILL	STATE: MA	ZIP CODE:	01832
MANAGER:	CHIARENZA, LAURIE	TYPE OF LICENSE: C	General on CA remise	TEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
32X246 FEET	2 ENTRANCES/I	EXITS ON WEST SIDE	OF STRUCTURE	
I hereby certify	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	ne same premises now	licensed;
2. the	licensee has complie	ed with all laws of the Cor	nmonwealth relating to	taxes; and
3. the	premises are now op	en for business (If not ex	plain below)	
SIGNED BY	Individual, F	Partner or Authorized Cor	porate Officer	
DATE:	TELE	PHONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Acts of 2004,	signed by the build	we are in possession (1) ting inspector and the he cate of liquor liability in	ad of the fire departn	
Please Check Bel	low:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROV				
(If disapprove	d explain)			
DATE:				
APPLICATION FOI	R RENEWAL MUST BE FILI	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.	G.L. Ch. 138 \$ 16A)



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	052000206		CITY OR TOWN HAVER	HILL
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	DOWNTOWN W	VINE & SPIRITS LLC		
DOING BUSINESS A	N DOWNTOWN	WINE & SPIRITS		
ADDRESS 56 LOCU	ST STREET			
CITY/TOWN: HAV	ERHILL	STATE: MA	ZIP CODE: 01832	
MANAGER: BEVI	LACQUA III TY	YPE OF LICENSE: Pac	ckage Store CATEGORY	Y: All Alcohol
EMAIL ADDRESS:	-	-		
P	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREM	ISES:		
1925 SQ FTTWO D	OUBLE DOORS	IN THE FRONTEX	ITS IN THE REAR	
I hereby certify and sw	vear under penaltic	es of perjury that:		
1. the renewe	d license will be o	f the same type for the	same premises now licensed;	
2. the licensee	e has complied wit	th all laws of the Com	nonwealth relating to taxes; an	d
3. the premise	es are now open fo	or business (If not expl	ain below)	
SIGNED BY				
	Individual, Partne	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO'	NE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
	12221110	.,21,61,1221	(Note: NOT Individual Socia	al Security Number)
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED: DISAPPROVED:	$\neg$		By:	
(If disapproved explai	 n)			
(11 disapproved explai	u <i>)</i>			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052000207	CITY OR TOWN HAVERHILL				
APPLICATION FOR RENEWAL:	PPLICATION FOR RENEWAL: Annual LICENSED FOR				
	CLASS		YEAR		
LICENSEE NAME: GRILL 46, IN	C				
DOING BUSINESS A OG'S 2					
ADDRESS 46 WASHINGTON ST					
CITY/TOWN: HAVERHILL	STATE: MA	ZIP CODE: 01832			
MANAGER: YEE, IVAN	TYPE OF LICENSE: Resi	taurant CATEGORY:	Wine and Malt Regular		
EMAIL ADDRESS:					
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	_		
DESCRIPTION OF LICENSED PRE					
4 STORY BRICK BLDG WITH RESTRET LEVEL WITH ONE FRONT 2 EXITS. 1ST FLR: 2780 SF, BASE	ΓENTRANCE AND ONE				
I hereby certify and swear under pena	alties of perjury that:				
1. the renewed license will b	• 1				
•		nonwealth relating to taxes; and			
3. the premises are now open	1 for business (If not expla	in below)			
GYGYED DY					
SIGNED BY Individual, Pa	rtner or Authorized Corpor	rate Officer			
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICAT	ΓΙΟΝ NUMBER:		
		(Note: NOT Individual Social S	Security Number)		
We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certifica of 2010.	g inspector and the head	of the fire department for the	above		
Please Check Below:		LOCAL LICENSING AUTH	ORITY		
APPROVED:		By:			
DISAPPROVED: (If disapproved explain)					
(11 disappioved expiaiii)					
DATE:					



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LICENSE NUMBER	R: 052000208		CI	TY OR TO	WN	HAVERHII	LL
APPLICATION FOR	R RENEWAL:	Annua	Annual LICENSED FOR 2013				
		CLAS	SS				YEAR
LICENSEE NAME:	558 RIVER STREET	Γ, INC.					
DOING BUSINESS	A BLAST FROM TH	IE PAST DIN	<b>IER</b>				
ADDRESS 558 RIV	ER STREET						
CITY/TOWN: HAY	VERHILL	STATE:	MA	ZIP CODI	E:	01832	
MANAGER: SAIN	NI, PRITAPA TYPE	E OF LICENS	SE:Restau	rant	CA	TEGORY:	All Alcohol
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER	YOUR EMAIL	ADDRESS			•
DESCRIPTION OF	LICENSED PREMISE	ES:					
ENTRANCE/EXIT.	RESTAURANT WITH APPROX. 2000 SQ.F .ND SERVICE AREA	T. WITH 2 B	ATHROC	OMS, 1200			
I hereby certify and s	swear under penalties o	of perjury that	t <b>:</b>				
	ved license will be of th			_			
	ee has complied with a				ing to	taxes; and	
3. the premi	ses are now open for b	usiness (If no	t explain	below)			
SIGNED BY	Individual, Partner o	or Authorized	Corporate	e Officer			
DATE:	TELEPHONE	NUMBER:		EMPL	OYER	IDENTIFICAT	ION NUMBER:
				(Note: <u>NOT</u> Individual Social Security Number)			
Acts of 2004, signe	d, attest that we are i d by the building insp (2) the certificate of l	ector and th	e head of	the fire de	- partn	nent for the	above
Please Check Below:			I	LOCAL LIC	CENSI	ING AUTHO	ORITY
APPROVED:			F	Зу:			
DISAPPROVED:	. ,						
(If disapproved explain	ain)		-				
			-				
DATE:			-				